090

| | MAKTLAND 5 | IAIE DEPAKIM | ENI OF REALIN-BALLIM | URE, 18 |
|----------------|------------|--------------|---|---|
| | 13689 | CERTIFICA | ATE OF DEATH | Reg. Dist. No. |
| PLACE OF DEATH | | 1148914415 | 2. USUAL RESIDENCE (Where deceased lived. o. STATE | If institution: Residence before admission) |

| | PLACE OF DEATH | rederick | | MARYL | | o. STATE Mary | | l lived. If instituti b. COUNTY | _ | e before | | on) |
|----------------|---|---|-----------------------------|-----------------------------|------------|--|------------------------|---|-------------|---------------------|----------|---|
| | B. CITY OR TOWN RURAL ond give Frederic | | its, write | c. LENGTH OF STAY II | N Ib | c. CITY OR TOWN (IF | outside corpoi | rote limits, write f | URAL ond gi | ive negre | it town) |) |
| T | d. NAME OF HOSP | TAL (If not in hospitol, g | ive street Home | | | d. STREET ADDRESS 225 East | | Street | | | IS RESI | DENCE FARM? NO |
| | NAME OF DECEASED (Type or print) | fii KA1 | el L'IE | Middle MAY | | ABRECHT | 4. DATE OF DEATH | Mor Dec | ember | Doy 1 | | 19 59 |
| 5. S | emale | 6. COLOR OR RACE | 7. MARE | RIED NEVER MARRIEI | | April 3, 18 | | 9. AGE (In years last birthdoy) 00 yrs. | Months | | Hours | R 24 MRS. Min. |
| 100 | USUAL OCCUPAT during most of wo HOUSE-WO | rking life, even if retired | done 10b. | KIND OF BUSINESS OR At Home | INDUSTRY | 11. BIRTHPLACE (Stote Mary) | | ountry) | 12. CITI | USA | WHAT | COUNTRY |
| 13. | FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN | NAME | | | - | | |
| | Geor | rge F. Abre | cht | | | Mary El: | izabeth | Esterly | 7 | | | |
| | | ER IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. | Mrs. | J. Earl G: | ilbert | 213 Eas Freder | | | | et, |
| CERTIFICATION | | immediate DUE TO the under- (c) THER SIGNIFICANT CON | o)) :) :DITIONS (| CONTRIBUTING TO DEA | | | IINAL DISEASE | CONDITION GIV | VEN IN PART | | PERFOR | AUTOPSY RMED? NO LT |
| MEDICAL CERTII | (IF EITHER, NOTIF | AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Ye | ar 20d, II | Not while _ | 20e. PLACE | Of INJURY (Home, for, , street, office bldg., etc. | m, 20f. (City | | (Co | ounly) | | (Stote) |
| MI | 21. I certify I alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | hot I attended the | decease 12 | Stone | death ac | West This | M, from ADDRESS (SP | et. | and on th | ast sow the date | state | deceased ed above. ATE SIGNED 1/1959 |
| 220 | BURIAL, CREMATI | ON, 22b. DATE THEREO | OF . | 22c. NAME OF CEME | TERY OR C | REMATORY | 22d. LOCAT | ION (City, town, | or county) | | (Stote |) |
| E | REMOVAL (Specify | Dec.22,1 | 959 | Mount Oli | vet 0 | Cemetery | Fre | ederick, | | Mai | ryla | and |
| 23. | FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | | 24a. REC | D BY REGIST | RAR 24b. REGI | STRAR'S SIG | NATURE | | |
| L | M. R. Etc | chison & Son | n, Fr | ederick, Ma | rylar | d DATE | DEC 2 4 | '59 (| Trilling & | Kiny | A | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be returned by the hospital at attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please permove carbon papers. Pages 1 and shauld be physicial with the registrar prior to burial, cremation, ar remaral, and in any event within 72 hours after death.

VE A15 (4) 15M 9/5E

| | PITASE NO SE | CERTIFICA | 2892 |
|-------------------|-----------------|----------------|--|
| Harry or Control | Make Sales | granting | distance dis |
| io nella se se se | Still Value 1 G | | to make the |
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| | 1101-12-1204 | Description of | appear of the state of the state of |
| | Sent to V | Period St. | The second secon |
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

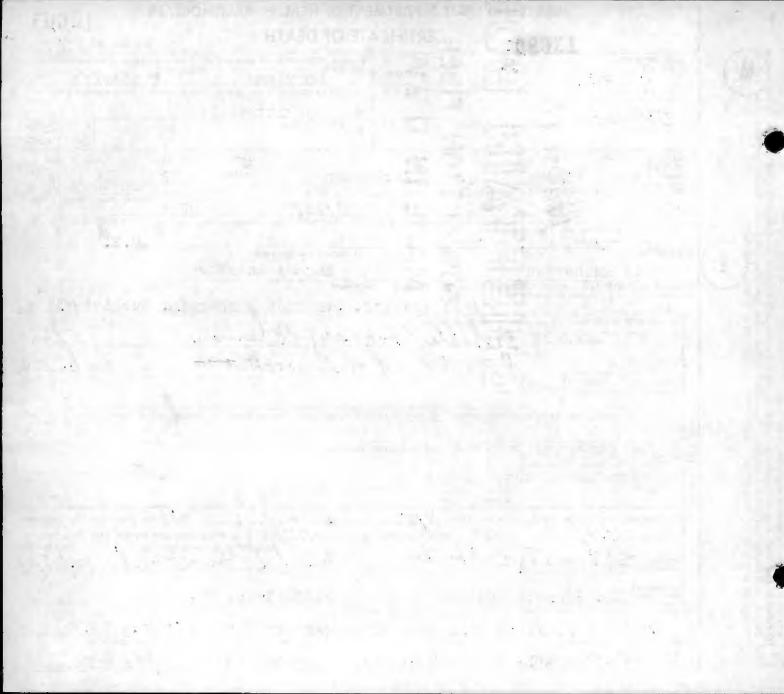
13665

| | 1369 | Ω | CERTI | IFICAT | E OF DEA | TH | | Reg. Dis | t. No. | | |
|---|---|-------------------------|----------------------|-------------|---|----------------------------|--|---------------|-----------------------------------|-----------------|------------------|
| 1. PLACE OF DEATH a. COUNTY | erick | | MAR | rLAND 2. | USUAL RESIDENCE a. STATE Marv | _ | ed lived. If institut b. COUNTY | | | | ian) |
| RURAL ond give | | nits, write | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN | (If aulside carp ittsvi | | RURAL and g | ive near | est town |) |
| d. NAME OF HOSP OR INSTITUTION | ITAL (If not in hospital, | give street | oddress) | | d. STREET ADDRESS | | . <u></u> | | e. | | IDENCE FARM? |
| 3. NAME OF DECEASED (Type or print) | Samue | irst 1 | Q. H | ushe: | rman | 4. DATE OF DEATH | Mai 12 | | Day 16 | | Year 19 59 |
| s. sex male | white | WIDOWI | | D 3 | 11/1877 | | 9. AGE (In years last birthday) 82 yrs | Months | _ | F UNDE Haurs | Mîn. |
| 10a. USUAL OCCUPATI during most of wa farm o' 13. FATHER'S NAME | ION (Give kind af wark rking life, even if retire wner, ret | ۵) | KIND OF BUSINESS OF | | Maryla Maryla Mother's Maide | nd | country) | 12.CITI2 | | WHATC | OUNTRY |
| | Ausherman | | 5 | | | a Rems | burg | | 1 | | |
| 15. WAS DECEASED EV (Yes, no, or unknown) | ER IN U. S. ARMED FO (If yes, give war or dates of | RCES? 16. | 17-32-675 | Mrs | Gertmi | de Aus | sherman. | iress Burk | ci t.t | ·svi | Md. |
| | ATH [Enler only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE | Pro | | toro | nary (| aclus | ion | , | INTER | | DEATH |
| Conditions, if gave rise to cause (a), stating lying cause last | immediate DUE To | be | nevaly | ed t | wherio | scles | guerrino. | | en | kn | ליריטי |
| PART II. OT | THER SIGNIFICANT CO | NDITIONS C | ONTRIBUTING TO DE | ATH BUT NO | T RELATED TO THE TE | RMINAL DISEA | SE CONDITION GI | VEN IN PART | | PERFO | AUTOPSY RMED? |
| OR CONTRIBUTING | /AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | TRIBE HOW INJURY O | CCURRED. (E | inter nature of injury | in Port I ar Pa | ırı II af item 18.) | | | | |
| 20c. TIME OF INJU Haur o. m. p. m. | | While of wor | Not while at wark | | OF INJURY (Home, I , street, affice bldg., | | ty or tawn) | (C | aunty) | | (State |
| 21. I certify to alive on 13 | hat I attended the | deceos , 195 ? C. | | death oc | . 1857, 10_curred at 3:33 | PM, from | the couses are Street, city or town, | nd on the | | stated | |
| PHYSICIAN'S NAME (Type) | r. Kennet | h He | nson | | Middl | etown, | Md. | | T. SEE STREET STREET SEC. SALE ST | | |
| 220. BURIAL, CREMATIN REMOVAL (Specify DUTIA | ON, 226. DATE THERE | of 959 | Pleasant | | | 22d. 1OC/ | ATION (City, town, | or county) | Md. | (Stole | b } |
| 23. FUNERAL DIRECTOR Gladhil | r's signature 1 Company | Mi | ADDRESS ddletown. | . Md. | | DEC 2 1 | | istrar's sig | 9 7 | | |

DATE DEC 2 1 '59

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages I and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. VS A1S (4) 1SM 9/S8



VS A15 (4) 15M 10/57

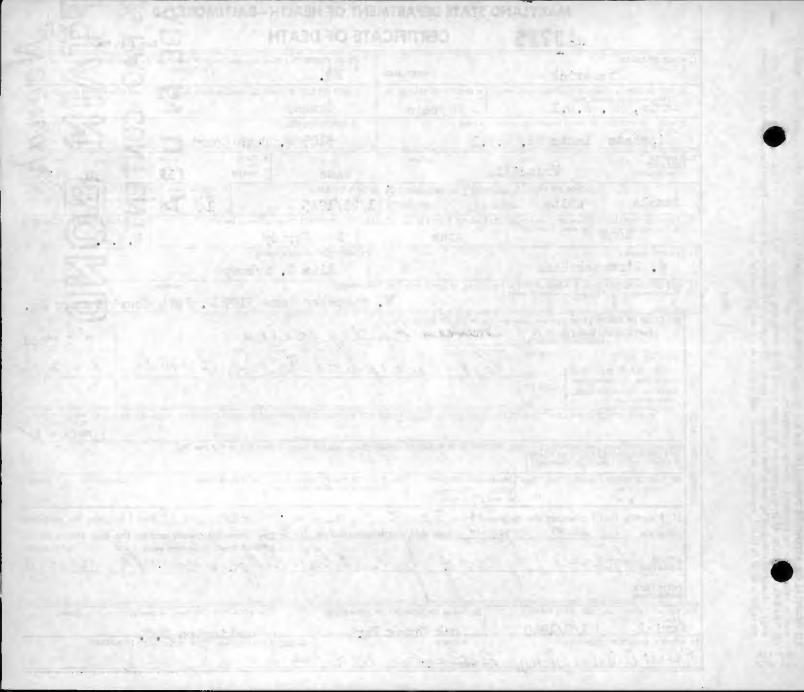
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| campletely filled in it funeral director | ector, |
|--|--------|
| papers. Pages I and should be filed with | with , |
| Soth. | _ |
| | - |
| No. | V |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13715 **CERTIFICATE OF DEATH** 13666

| | | ~ | | | | | | | rieg. a | | |
|---|---|-----------------|----------------------------------|-----------|-------------------------------------|------------|------------------------|--------------------------------------|-----------|--------------------------|---|
| 1. PLACE OF DEATH a. COUNTY | rederick | | MARYLA | | USUAL RESIDER | NCE (Whi | ere decease | d lived. If instituti b. COUNTY | | ence before o | dmission) |
| | (If autside carporate liminearest form) | ts, write | c. LENGTH OF STAY IN | 1Ь) | Summ | | utside carpa | erate limits, write l | URAL ond | d give nearest | town) |
| d. NAME OF HOSI OF INSTITUTION Tipahat | PITAL (If not in hospitol, on Lantz Md | | | 1 | d. STREET ADD | | Path | Court | | 1 0 | S RESIDENCE ON A FARM? ES NO |
| 3. NAME OF DECEASED (Type or print) | Pris | cilla | Middle | | Bass | | 4. DATE OF DEATH | Mor 1 | | Doy 30 | Year 19 59 |
| 5. SEX female | 6. COLOR OR RACE White | 7. MARE | HED NEVER MARRIED DIVORCED | | 25/1945 | | | 9. AGE (In years last birthday) | Months | , | UNDER 24 HRS. |
| 10o. USUAL OCCUPAT | ION (Give kind of work orking life, even if retired NO | done 10b. | NONe | NDUSTRY | New J | | | ountry) | | S.A. | HAT COUNTRY |
| 13. FATHER'S NAME | eeter Bass | | | 1 | 4. MOTHER'S M | | | | | | |
| | | men i | | | | S. | Schwe | | | | , |
| (Yes. no. or unknown) | VER IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | W. S | | Bas | s 510 | 9 W. Pat | | art Sun | mer Md. |
| Conditions, if gave rise to cause (a), statin lying cause los | g the under- | 1 /2 | ort-Eur | ep | hali | ti | o ory | ndrin | u: | 11. | -12 ye |
| PART II. O | THER SIGNIFICANT CON | DITIONS | ONTRIBUTING TO DEATH | BUT NO | T RELATED TO TH | HE TERMIN | NAL DISEAS | E CONDITION GIV | VEN IN PA | P | VAS AUTOPSY ERFORMED? |
| | VAS UNDERLYING GOOD CAUSE OF DEATH FY MEDICAL EXAMINER) | 206. DES | CRIBE HOW INJURY OCC | URRED. (I | Enter nature of in | njury in P | art I or Par | 1 II of item 18.) | | | 30 |
| ZOc. TIME OF INJU | 10 | While at wor | Not white | | OF INJURY (Ho , street, affice b | ldg., etc. | | or town) | | (County) | (State) |
| 21. I certify alive on | that I attended the | deceas 19 | | eath od | 1952, coursed at A | 1 30 | AM, from | n the causes of treet, city or lown, | and on | l last saw the date s | the decease stated above DATE SIGNE |
| 220. BURIAL CREMAT REMOVAL Specific Burial | 1/2/1960 | | 22c. NAME OF CEMETE Rock Cree | | rk | | -Wasi | TION (City, town, | 0.0 | | (State) |
| Partial Directo | Stemble | u X | 3ethesda | . 7 | 10.0 | 40. REC'D | BY REGIS | TRAR 245. REGI | STRAR'S S | 8. Hours | |



W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3667

Reg. Dist. No.

| o. COUNTY | redore | L | MARYLANI | O STATE | | TLAND | ed lived. If institu b. COUNT | | ence be | fore admission) |
|---|---|-------------|-------------------------------------|-------------------------------------|---------------------------------|------------------------|----------------------------------|------------|----------|---|
| b. CITY OR TOWN | (If autside corporate limits, write | PURAL | c. LENGTH OF STAY IN 16 | c. CITY O | | man of the Affect | porate limits, write | RURAL one | d give n | nearest town) |
| Woodsb | oro Ru | ral | 60 vrs | X | Rura | al Wo | odeboro | | | |
| d. NAME OF HOSP | PITAL OR INSTITUTION (| lf not in h | ospital, give street address) | d. STREET | ADDRESS | | | | | e, is residence on a farm? YES NO |
| 3. NAME OF DECEASED (Type or print) | Fir GEOR | | Middle WASHINGTON | BEA | ost T T | 4. DATE OF DEATH | Ment | | Doy | Year 1950 |
| 5. SEX Male | | | RIED NEVER MARRIED | | | | 9. AGE (In years | FUNDER | TYEAR | |
| nickie | W | WIDOW | | Dec 20- | | | lost birthdayl 81 yrs. | | Doys | Hours Min. |
| during most of work | TION (Give kind of work king life, even if retired) | | KIND OF BUSINESS OR INDU | STRY 11. BIRTHE | Marvl | | ountry) | | U.S | F WHAT COUNTRY? |
| 13. FATHER'S NAME | | | | 14. MOTHER | S MAIDEN N | | | | UASI | |
| | John He | nry | Beall | Jı | ulin A | nn Per | rry | | | |
| 15. WAS DECEASED E [Yes, no, or unknown] NO | VER IN U. S. ARMED FO | | S. SOCIAL SECURITY NO. 17. | George | W.Bez | 11 | Woodsbo | ro Md | Ro | ut # 1 |
| | rediate couse | se per lin | e for (o), (b), and (c).] Conservan | lero | lus | | | | Jy. | rval between et and Death |
| | | DITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO | O THE TERMI | NAL DISEASI | E CONDITION GIV | EN IN PAR | | 9. WAS AUTOPSY PERFORMED? YES NO |
| | AUSE WAS ONTRIBUTING 20 | b. DESCRI | BE HOW INJURY OCCURRED. | (Enter nature of | injury in Part | i or Part II | of item 18.) | | | |
| 20c. TIME OF INJ | | Wh | | ACE OF INJURY clory, street, office | (Home, form, ce bidg., etc.) | 20f. (City | or lown) | (Cou | unty) | (State) |
| | | | remains described ab | ove, held a picide, | | | nspection [], ndetermined o | | y 🔲 | , and find that |
| ACTUAL SIGNATURE | Both | محمد | | M.D. CHIEF | MEDICAL EX | AMINER | | | | DATE SIGNED |
| EXAMINER'S NAME (Type) | B.O.Thoma | s Sr | | | ANT MEDICAL E | | _ | | | 三葉 (|
| REMOVAL (Specif | | | 22c. NAME OF CEMETERY O | R GREMIATORY | | | TION (City, town, | | X) | (State) |
| Burisl | 12/16/1 | 959 | Bocky Hill | | Ta4- 225- | | odaboro | | 1 | Md |
| 23. FUNERAL DIRECTO | Borre | m | Walkersville | Md | DATE DE | C 1 7 | 245. REG! | STAR'S PIC | 770 | KW. |

VS. A15ME(5) 5M 9/55

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STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH .

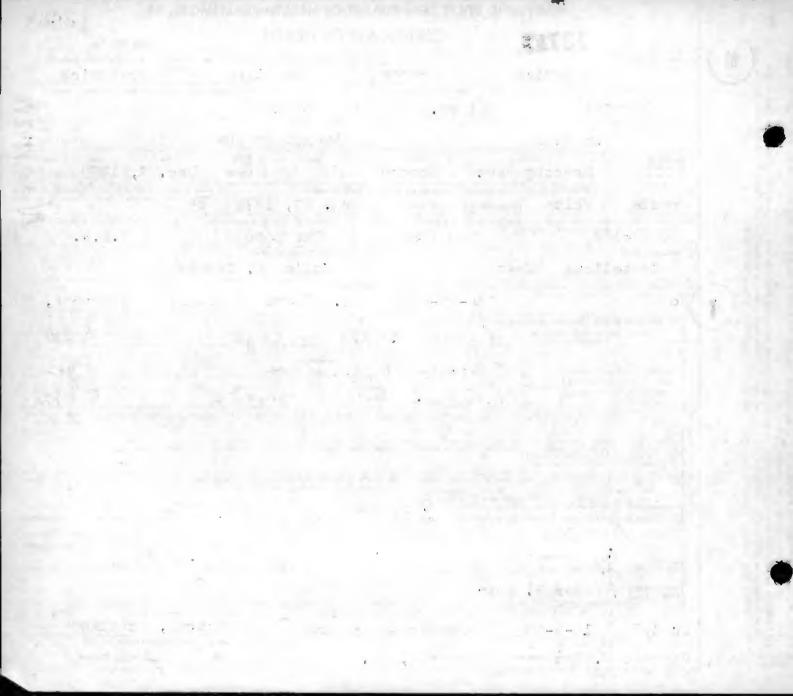
| . L | 3,0111 | | | | Keg. Dist. No. |
|-----|--|--------------------------------------|--|---|--|
| | PLACE OF DEATH O. COUNTY Frederick | MARYLAND | g. STATE | there deceased lived. If institution b. COUN | tulian: Residence before admission) NTY Frederick |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Thurmont | c. LENGTH OF STAY IN 16 | c, CITY OR TOWN (IF | | te RURAL and give nearest tawn) |
| | d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION OWN Home | address) | Summit . | Avenue | e. IS RESIDENCE ON A FARM? YES NO X |
| | 3. NAME OF DECEASED (Type or print) Dorothy An | n Benner | Lost | 4. DATE OF DEATH DOO | Month Day Year 2 9 19 19 |
| | 5. SEX Female 6. COLOR OR RACE 7. MARI | RIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH Aug. 23, | 1874 9. AGE (In yet loss but hado | ors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| | Oa. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired) Housewiie | Own Home | STRY 11. BIRTHPLACE (Stole Mary) | | U.S.A. |
| | Cornelious bWest | | Julia | A. Carbaug | gh . |
| 1 | | | Mrs. Alber | t Sigafoose | Thurmont, M |
| | PART I. DEATH WAS CAUSED BY: 33/X DUE TO | provie he erebral & | hemoreh Herios cle | age in | Synz. 5 yrs. |
| | PART II. OTHER SIGNIFICANT CONDITIONS | | | AINAL DISEASE CONDITION | PERFORMED? YES NO |
| - 1 | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in | Part I or Port II of item 18.) | |
| | 20c. TIME OF INJURY Manth, Day, Year 20d. I Hour o. m. 19 While p. m. 19 | Not while far | ACE OF INJURY (Hame, forr ctary, street, affice bldg., en | m, 20f. (City or tawn) | (County) (State) |
| | 21. I certify that I attended the decease alive an 10-0: 26 , 19. ACTUAL SIGNATURE ALLES ALES ALES ALES ALES ALES ALES AL | 5_9_, and that death | м.о. ЭК | _M, from the causes ADDRESS (Street, city or to | Md, |
| | Parial Specify) 12-6-59 | 22c. NAME OF CEMETERY O | Cemetery | | , Mar yland |
| 1 | Raymond E. Greager | Thurmont, Mc | | | EGISTRAR'S SIGNATURE Outhur S. Kinnera |

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Parmay be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral direct page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

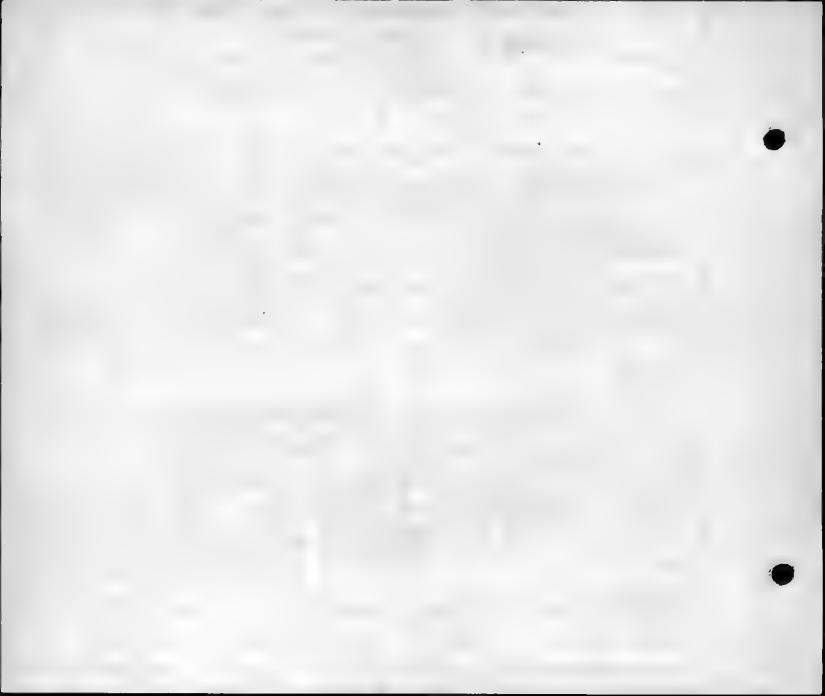
VS A15 (4) 15M 9/58

ofter death. Page 4 e funeral director,



death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4

| led with | 1. PLACE OF DEATH COUNTY Fre | derick | MARYLAN | II A STATE TO T | Where deceased lived. I | If institutions Residence to COUNTY Freder | |
|--|--|--|---------------------------------|---|---|--|---|
| should be filed wit | b. CITY OR TOWN (RURAL and give a Frederic | If outside corporate limits, write earest lown) | Life | c. city or town (| If outside corporate (imi) | ls, write RURAL and give | neorest fown) |
| shoot X | d. NAME OF HOSPI OF INSTITUTION 27 East S | TAL (If not in hospital, give stree outh Street | t oddress) | , d STREET ADDRESS | st South Str | reet | IS RESIDENCE ON A FARM? YES NO N |
| Poges 1 on | 3. NAME OF DECEASED (Type or print) | RUTH | Middle MAY | BRUST | 4. DATE OF DEATH | Month December | Poy Yeor 23, 1959 |
| | s. sex Female | White WIDOV | RRIED NEVER MARRIED C | 77 0 700 | 9. AGE lost b | (In years prihaday) O yrs. IF UNDER 1 Y | EAR IF UNDER 24 HRS. ys Hours Min. |
| carbon papers. after death. | 100 USUAL OCCUPATION during most of wor HOUSE-WOY | ON (Give kind of work done 10) ting life, even if retired) K | At Home | · · | ote or foreign country) ick, Marylar | | N OF WHAT COUNTRY SA |
| | 13 FATHER'S NAME George Cr | ummitt | | Ida May I | | | |
| 72 hours | S. WAS DECEASED EVE | R IN U. S. ARMED FORCES? | S SOCIAL SECURITY NO. 12 | John C. Brust | (Same as | Address item #1) | |
| buriol-transit permit. Then please remove car removal, and in any event within 72 hours aft | Conditions, if a gove rise to i couse (a), stoting lying couse lost. PART II. OTI | the under (c) HER SIGNIFICANT CONDITIONS | Provide | BUT NOT RELATED TO THE TEL | , visculu | diserra | 20 years |
| use os the bur motion, or rer | 200 ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o m. | CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 20d. Whil | | PLACE OF INJURY (Home, fi foctory, street, effice bldg., | orm, 20f (City or town) | | niy} (Slale) |
| uld be detoched for prior to burial, cre | 21. I certify the alive on | not I attended the deced Dec 22, 19 | sed from 1 jn. 59, and that dec | m.v. | ADDRESS (Street, city | auses and on the | t saw the deceased date stated above DATE SIGNED Dec 1959 |
| page 3 should I the registror pri | | R. Schoolman | 22c. NAME OF CEMETER | | 22d LOCATION (Ci) | | (Stote) |
| 15 (4) 9/55 | 23. FUNERAL DIRECTOR | | Mount Olive | 240 81 | ECID BY DECISTORS O | c, Maryland 246 REGISTRAR'S SIGNA CITCHIAN S. 76 | ATURE |



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13693

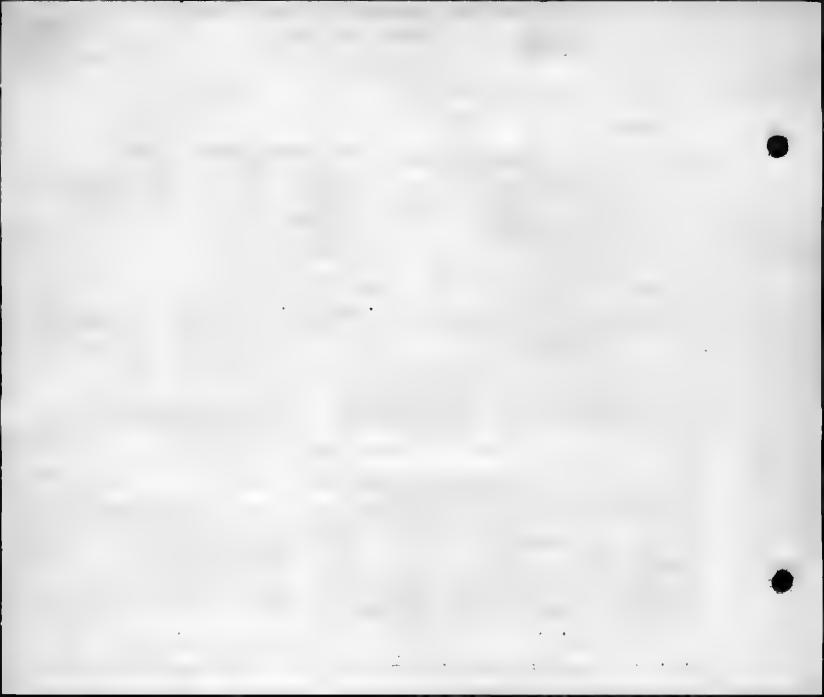
CERTIFICATE OF DEATH

13672 Reg. Dist. No.

| | | - | | | | | | | | | walls as | | | |
|---|---|------------|------------------|-----------|-------|-------------------------|----------------|------------------|--------------------|--------------------------------|------------|--------------------------|-----------|-------------------------|
| 1. PLACE OF DEATH o. COUNTY | derick | | M | ARYLAND | 2. (| JSUAL RESID 5. STATE | Mary | | | If institution | | ce befo d er i | | sion} |
| b. CITY OR TOWN (II | outside corporate limi | s, write | c. LENGTH OF ST | AY IN 16 | | CITY OR T | | | rote limi | ts, write RI | | | | n} |
| RURAL end give ne | orest town} | | 46 Year | v) die | | | | erick | | | | | | |
| Frederick | AL (If nat in haspital, g | ive street | | . 10 | | d. STREET A | | CT TCV | | | | | e. IS RES | IDENICE |
| 1317 North | Market St | reet | | | 1 | | 7 Nor | th Ma | rket | Stre | et | | ON A | FARMS. |
| 3. NAME OF DECEASED | Fir | | Mid | | | Lost | | 4. DATE OF | | Mont | | Da | | Yeor |
| (Type or print) | RAC | EL | AN | N . | | BUC | KEY | DEATH | D | ecemb | er | 9, | | 1959 |
| 5. SEX | 6. COLOR OR RACE | 7. MARE | HED NEVER MA | RRIED 🔲 | 8. DA | TE OF BIRTH | 1 | | 9, AGE | [In years | | | IF UND | ER 24 HRS |
| Female | White | WIDOWI | | RCED 🔲 | A | ugust | 23, 1 | .868 | 91 | (In years pirthday) yrs. | Months | Doys | Hours | Min |
| 10a. USUAL OCCUPATIO | N (Give kind of work | lone 16b. | KIND OF BUSINES | S OR INDU | STRY | 11. BIRTHPL | ACE (State | or foreign c | ountry) | | 12. CI | TIZEN O | F WHAT | COUNTRY? |
| House-wo | ing life, even if refired PIC | | At Hom | ne | | | Maryl | and | | | | USA | | |
| 13 FATHER'S NAME | | | | | 14 | MOTHER'S | MAIDEN N | AME | | | | | | |
| Char | les W. Barr | cick | | | | | Arian | na No | rris | | | | | |
| 15. WAS DECEASED EVE | IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY | | | MANT | | | | Addr | | | | |
| NO NO | NO war or dates of s | rvice} | None | Mi | នន | Hatti | .e M. | Bucke | y-Sa | meaas | Ite | n #2 | | |
| PART I. DEA' 576 × Conditions, if or gove rise to it couse (o), stoling lying couse lost. | nmediate (| | Verita | nut | NOT | RELATED TO | THE TERMIN | NAL DISEAS | SE COND | ITION GIV | EN IN PAR | ONS | PERFC | DEATH U |
| UI (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yes | | CRIBE HOW INJURY | | | ter noture of | | ., | | | | County) | | (Stole) |
| 20c. TIME OF INJURY | 19 | While | k O work | | | street, office | | | | | , | | | (0.000) |
| 21. I certify the alive an | at I attended the 1:30 RT MMM3. ames B. Th | 1487 | 169 man, | nat death | acc | Profe | 1:24A ssion | M, from | m the direct, city | auses a or town. | nd an t | he da | te state | ed above. ATE SIGNED |
| 220. BURIAL, CREMATIO BETTA | Dec.12,1 | | Mount | | | | У | 22d. LOCA Fre | tion (ci | | or county) | Ma | ryla | e) ind |
| 23. FUNERAL DIRECTOR | | | ADDRESS | | | | | 8Y REGIS | | 24b. REGIS | TRAR'S SH | GNATUI | RE | |
| M. R. Etch | ison & Son | , Fre | ederick, l | Maryla | and | | DATE D | EC 1 4 | '59 | a | rellun 2 | 8. the | u4 | |

TO HOSPITAL OR may be reto





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY h COUNTY N MARYLAND deoth. Pro. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURAL and give nearest town) Fune d. NAME OF HOSPITAL (If not in haspital, give street address) # d. STREET ADDRESS OR INSTITUTION E 5 3. NAME OF First Middle Lost 4. DATE Month filled DECEASED (Type or print) DEATH 9. AGE (In years last birthday) 5. SEX A COLOR OR RACE R DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED ANEVER MARRIED Months Davs WINOWED DIVORCED [7] popers. 10g, USUAL OCCUPATION (Give kind of work done) 10h, KIND OF RUSINESS OR INDUSTRY 11. RIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and carbon ofter 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physicion certificate remove 15. WAS DECEASED EVER S. ARMED FORCES? IA SOCIAL SECURITY NO INFORMANT Address attending p edse deoth o 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO á permit. Conditions, if any, which (b) Bued agye rise to immediate DUE TO casse (a), stating the underond lying cause last. buriol-tronsit ottending physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form. Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) B. D. While Nat while at work of work 1959, to Dec. 14, 1959 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 9.30 PM, from the causes and on the date stated above. alive an CTOR ADDRESS (Street, city or lown, state) det ACTUAL prior 3 shoul PHYSICIAN'S NAME (Type)

FUNER. pode 10 VS A15 (4) 15M 9/55

the

270. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

KIAL 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DEC 2 1 '59 Chilbur & Henry

22c. NAME OF CEMETERY OR CREMATORY

. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSELAND DEATH

YES 🔲

22d. LOCATION (City, tawn, or county)

NO X

(State)

DATE SIGNED

(State)

Day

YES NO Z

Year

19.5



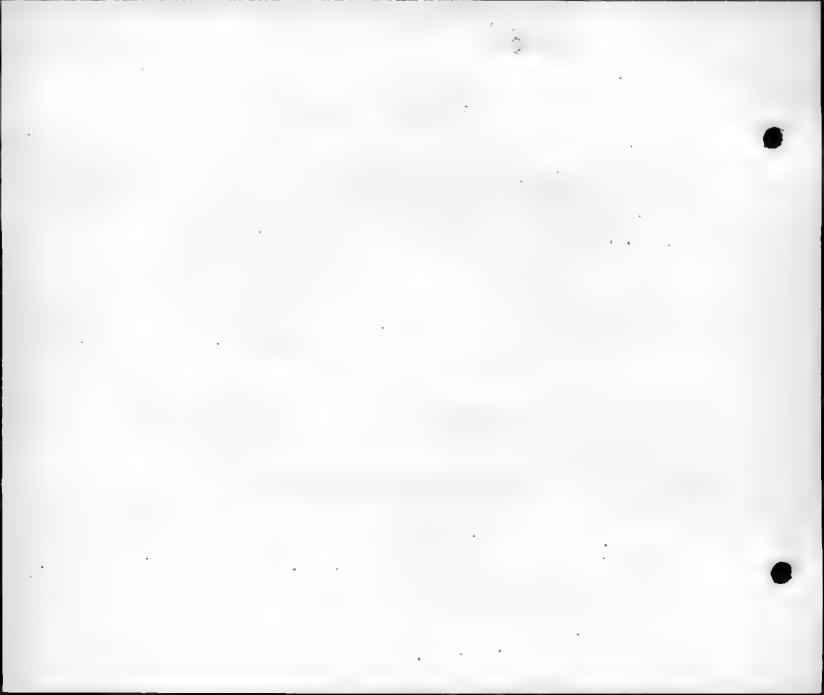
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| MARYLAND | STATE DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|----------|------------------|----|-------------------|----|
| 3694 | CERTIFICATE | OF | DEATH | _ |

| | 13694 | ATE OF DEATH | | | Reg. Dist. No. 3674 | | | |
|-------------------------------|---|--|--|------------------------|--|------------------------------------|-------------|--|
| 1 PLACE a. COU | of DEATH INITY Frederick | o STATE | /here deceased lived. If institution Residence befare admission) yland b. COUNTY Frederick | | | | | |
| RUR | b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Weeks Middletown, | | | | | d give nearest town) | | |
| d NAA | AE OF HOSPITAL (If not in haspital, give street institution Prick Nemorial Hos | address) | d STREET ADDRESS | <u> </u> | | e is residen on a far yes no | RM2- | |
| 3. NAME DECEA: (Type o | SED | E. Cob | lentz | 4. DATE OF DEATH | Month 12 | 16 Year | 59 | |
| s. sex fer | 6. COLOR OR RACE 7 MAR | | B. DATE OF BIRTH 1/1/1889 | 9. AGE | (In years IFUND birthday) Months yrs. | ER 1 YEAR IF UNDER 24 Doys Hours N | HRS Vin. | |
| during | AL OCCUPATION (Give kind of work dane 10b g most of working life, even if retired) | kind of Business or Industry OWN home | stry III. BIRTHPLACE (Stole I | _ | 12.C | U.S. | ATRY? | |
| 13. FATHE | RS NAME | | 14. MOTHER'S MAIDEN N A. Estel | le Youn | g | | | |
| (Yes, No. or | | | METALICE D. C | oblentz | , Middle | etown, Md. | • | |
| Con gove couse lying | ditions, if ony, which e rise to immediate (a), stoting the under; couse lost. PART II OTHER SIGNIFICANT CONDITIONS | rrhosis o | J Liver | NAL DISEASE CONE | DITION GIVEN IN PA | unknon | Wh. | |
| | | | | | | | | |
| | ME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While at war | Not while fac | ACE OF INJURY (Home, farm ctary, street, affice bldg., etc. | 20f. (City or tow | n) | (County) (S | (Stote) | |
| alive ACTU SIGN/ | 21. I certify that I attended the deceased fram 2/13, 1956, to 12/16, 1957, that I last saw the decease alive on 12/14, 1959, and that death accurred at 2:35 fM, from the causes and an the date stated above ADDRESS (Street Lity or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. Kenneth Henson Middletown, Md. | | | | | | | |
| REMO | AL, CREMATION, 226. DATE THEREOF DIA 1 12/19/1959 | 22c. NAME OF CEMETERY O | R CREMATORY | 22d. LOCATION (C | ity, town, or county etown . M | , , , , , , , | | |
| | at director's signature dhill Company, Mid | ADDRESS Idletown, Md. | (- | | 24b. REGISTRAR'S | SIGNATURE | | |



VS. ATSME(5) 5M 9/55 F-4

X

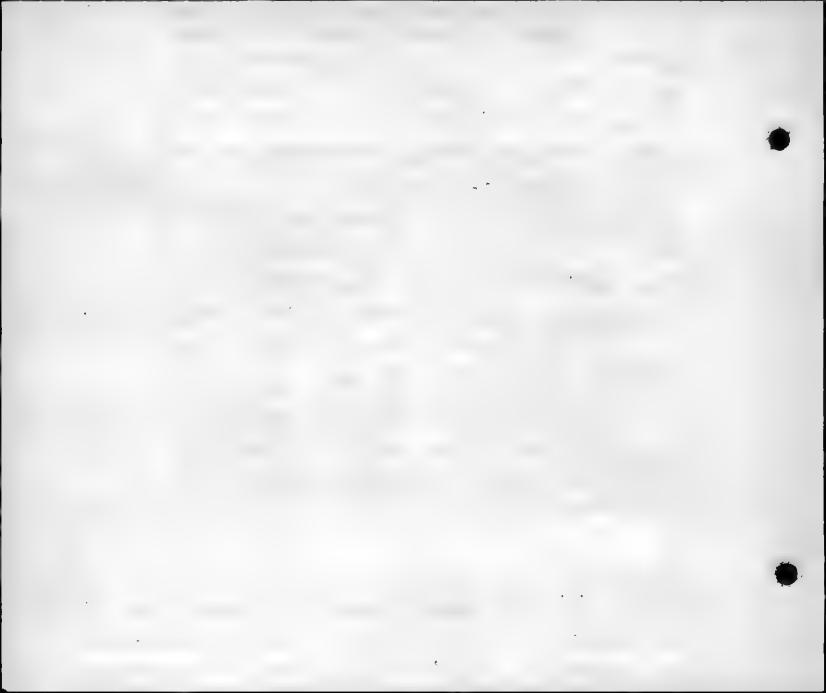
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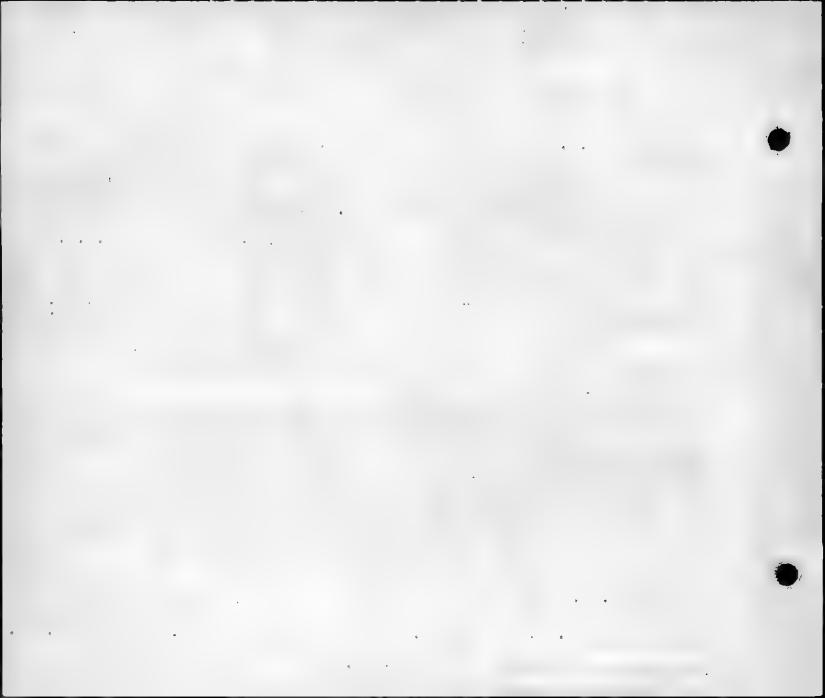
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| MARYLAND STATE DEPARTME | NT OF HEALTH—BALTIMORE, | 18 |
|-------------------------|-------------------------|----|
| 1372MEDICAL EXAMINER'S | CERTIFICATE OF DEATH | R |

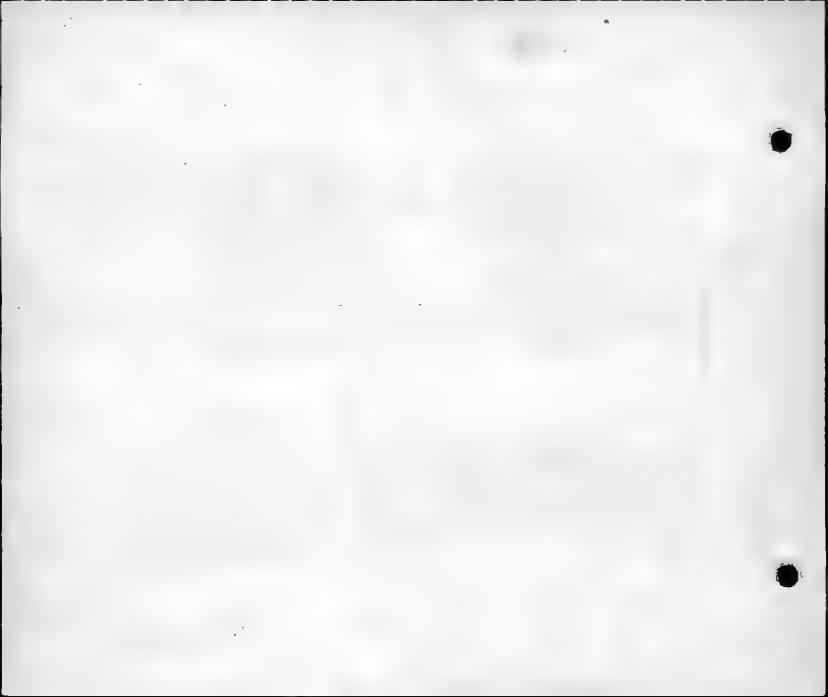
13675

| 79 / C.L. | Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) |
| Frederick MARYLAN | * STATE Maryland b. COUNTY Frederick |
| b. CITY OR TOWN (If eviside corporate limits, write RURA) c. LENGTH OF STAY IN and give nearstal tevrs) | |
| Rural - Jefferson, Md. | Brunswick, Md. |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS o. IS RESIDENCE ON A FARM? |
| | 9 Petersville Rd. YES NO 34 |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Doy Year |
| (Type or print) Alma Berneice | Comer DEATH 12-30 1959 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 9. AGE (In years less builthody) 9. AGE (In years less builthody) Months Days Hours Min. |
| Female White WIDOWED DIVORCED | August 27,1922 37 yn. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) | HUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Housewife & Laborer | Virginia US |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Daniel H. Green | Lillian Conner |
| 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) (If yes, give wor or dotes of service) | A TELESATT IS |
| No 219-14-7743 | Ernest O. Green Brunswick, Md. Rd |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | d of left chest |
| 981 X DUE TO | 2 |
| Conditions, if any, which } (b) | · * 1 ~ ~ Q |
| gove rise to immediate couse (a), stating the underlying DUE TO | |
| couse lost. (c) | |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 39. WAS AUTOPSY PERFORMED? |
| CAI | YES NO |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. |). (Enter nature of injury in Part I or Port II of item 18.) |
| | |
| | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) |
| Hour o. m. 19 While Not while p. m. 19 at work at work | addry, street, arrive energy every |
| 21. I certify that I took charge of the remains described a | bove, held an Autopsy , Inspection , Inquiry , and find that |
| death resulted from: Natural causes, Accident, | Suicide ☐, Homicide ☑, Undetermined cause ☐. |
| ACTUAL RATIO | DATE SIGNED |
| SIGNATURE DITTOMAS | M.D. CHIEF MEDICAL EXAMINER [] |
| EXAMINER'S B.O. Thomas | ASSISTANT MEDICAL EXAMINER |
| TARAME (Type) | DEPUTY MEDICAL EXAMINER 12-30-1959 |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY | OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) |
| Burial 1-2-1960 Union | Lovettsville Vincinia |
| 23. FUNERAL DIRECTOR'S SIGNATURE Brunswick, Mary | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| of her telle Druiswick, Mary | DATEJAN 4 '60 CALLAR & KOME |





| T V | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | | | | | | |
|----------|---|---|--|--|--|--|--|
| led with | 13695 CERTIFICATE OF DEATH Reg. Dist | . No. 13677 | | | | | |
| | 1. PLACE OF DEATH O. COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND 5. COUNTY FRED | ERICK | | | | | |
| a Tri | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRIPERICK C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRIPERICK | ve nearest town) | | | | | |
| 1/4 | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL MAIN ST MAIN ST | e. IS RESIDENCE ON A FARM? YES NO 2 | | | | | |
| | 3. NAME OF DECEASED (Type or print) ROGER WILLIAM CUREMAN DEATH LICE. | Day Year 8 19.59 | | | | | |
| | M WIDOWED DIVORCED MAY 16 - 1962 last birthday) Months D | YEAR IF UNDER 24 HRS. Pays Hours Min. | | | | | |
| | POST PHASTER POST OFFICE MARYLHIND | EN OF WHAT COUNTRY? | | | | | |
| | 13. FATHER'S NAME WILLIAM DAVID CURFMAN ODELLA VAN FOSSEN | | | | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (19. no of unknown) 19 yes, give wor of dotted of service) 579-05-89-51 FRANCES CURFMAN LIBERT) | TOWN MD | | | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **LUCLULUS** CAUSED** IMMEDIATE CAUSE (o) | INTERVAL BETWEEN ONSET AND DEATH Survey the | | | | | |
| | Conditions, if ony, which (b) (clearer of chart form) | 1 4 60: | | | | | |
| | coese (a), stating the under- | | | | | | |
| 0 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 19. WAS AUTOPSY PERFORMED? YES NO N | | | | | |
| | | | | | | | |
| | Hour o. m. p. m. While Not while of work of | uniy) (State) | | | | | |
| | 21. I certify that I oftended the deceased from from 1957, to 162-8, 1957, that I lo alive on 2620-1, 1954, and that death occurred at 5.24 M, from the causes and on the | st sow the deceosed above. | | | | | |
| | ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 72266222266672 | DATE SIGNED | | | | | |
| - | PHYSICIAN'S FRIEST A- DETTIBARE | Leco /27 | | | | | |
| | 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 12/10/59 22c. NAME OF CEMETERY OR CREMATORY FR. D. T. C. | CATY MD | | | | | |
| 4. | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE DEC 1 1 '59 Continued & | ATURE Trans | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| П | | MAKTLAND | SIAIE DEPAKIM | ENI OF HEA | LIH-BALIII | MOKE, 18 | | 13678 | | | |
|--|--|---|---------------------------|---|----------------------------|-------------------|---------------------------------|-----------------------------------|--|--|--|
| 13723 | | | CERTIFICA | CERTIFICATE OF DEATH | | | | Reg. Dist. No. | | | |
| 1. | PLACE OF DEATH o. COUNTY F: | rederick | MARYLAND | | (Where deceased liveryland | | Residence befor | _ | | | |
| | b. CITY OR TOWN (III RURAL ond give ne | f outside corporate limits, write larest town) ferson | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RUI | | | JRAL and give nearest town) | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION | | | oddress) | d STREET ADDRES | | ON A FARM? YES MO | | | | | |
| 3. | NAME OF DECEASED (Type or print) | RODNO | JAMES | DARNER | 4. DATE OF DEATH | Decemb | er 17 | Year 59 | | | |
| | sex Male | White widow | | July 9, 18 | 36 ' | 73 yrs. | UNDER 1 YEAR Ionths Days | Hours Min. | | | |
| L | Retired | ON (Give kind of work done 10b. ing life, even if refired) Cattle Dealer | Same | Ma | aryland | γ) | 12. CITIZEN OF WHAT COUNTRY USA | | | | |
| L | The second secon | 3 C. Darner | | | da Smith | | | | | | |
| 15 | | R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service) 2. | | rs, Dorothy | D. Darner | , Same a | s Iten ; | £ 2 | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) | | | | | | | | | | |
| | Conditions, if ony, which gove rise to immediate couse (o), storing the under- | | | | | | | | | | |
| CERTIFICATION | PART II. OTH | (c) | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE T | ERMINAL DISEASE CO | INDITION GIVEN | IN PART I(o) 15 | P WAS AUTOPSY PERFORMED? YES NO 1 | | | |
| | | S UNDERLYING (1) 20b. DES CAUSE OF DEATH MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injur | y in Port I or Port II o | f item 18.) | | | | | |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Year 20d. (19 at wo | Not while fo | ACE OF INJURY (Home, ctory, street, office bldg | | own) | (County) | (Stole) | | | |
| | 21. I certify that I attended the deceased fram 1977 to 1959 that I last saw the decease alive on 14, 1954, and that death accurred at 1:55AM, fram the causes and an the date stated above ADDRESS (Street, city or lown, stote) DATE SIGNED | | | | | | | | | | |
| | ACTUAL SIGNATURE PHYSICIAN'S T | Sotteon | D | M.D. | ional Buil | | | 12/18/199 | | | |
| PHYSICIAN'S B. O. Thomas, M.D. Frederick, Maryland 20. SURIAL CREMATION, PREMOVAL (Specify) Burial 226. Date THEREOF Dec. 22, 1959 PHILIsboro, Cemetery Or Crematory Hillsboro, Virginia | | | | | | | | (State) | | | |
| - | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE | | | | | | | | | | |
| R. | 34 73 724 - | Indiana Com Th | madamile Manus | 1000 | 4 150 | 1 1 1 1 1 1 | MAT AS FURTHER | Channe | | | |

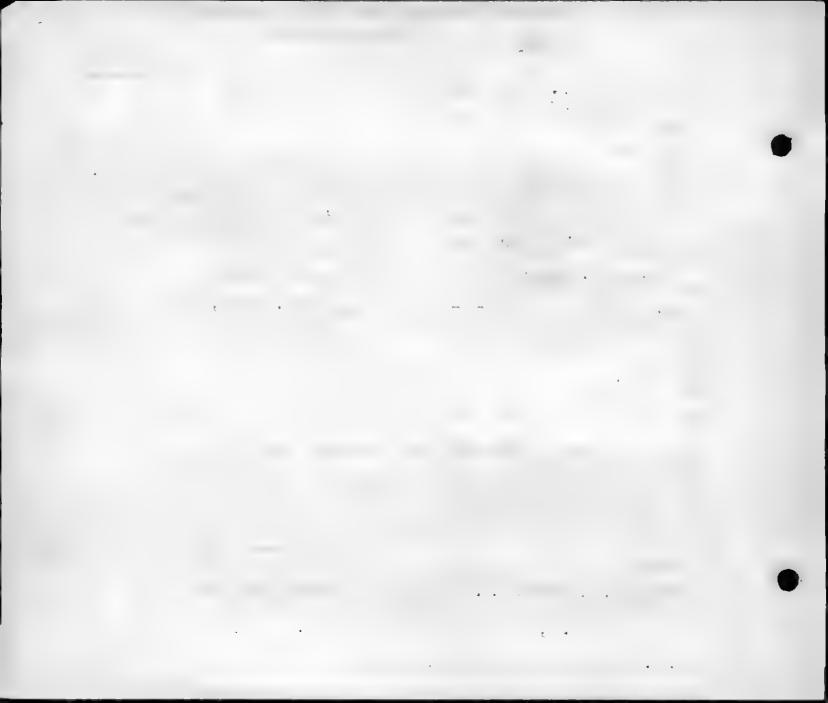
may be restricted by the haspital ar attending physician.

TO FUNERAL MECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registremental price of the price of the

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4,

VS A1S (4) 15M 9/SS

TO HOSPITAL



FOR STATE

HEALTH DEPT

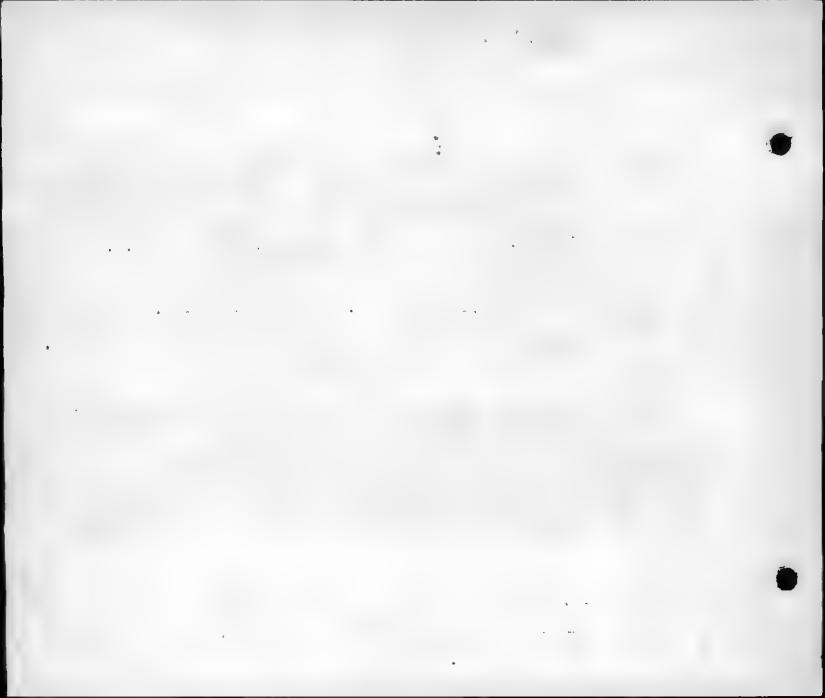
TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessory, please execute the fiscie, writing the word "pending" in pending in item, 18. Give Pages 1, 2, and 3 to the fundamentary, Page 4 should be sworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain by your fles TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the Store Board of Meath, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. A15ME BM 2 '57

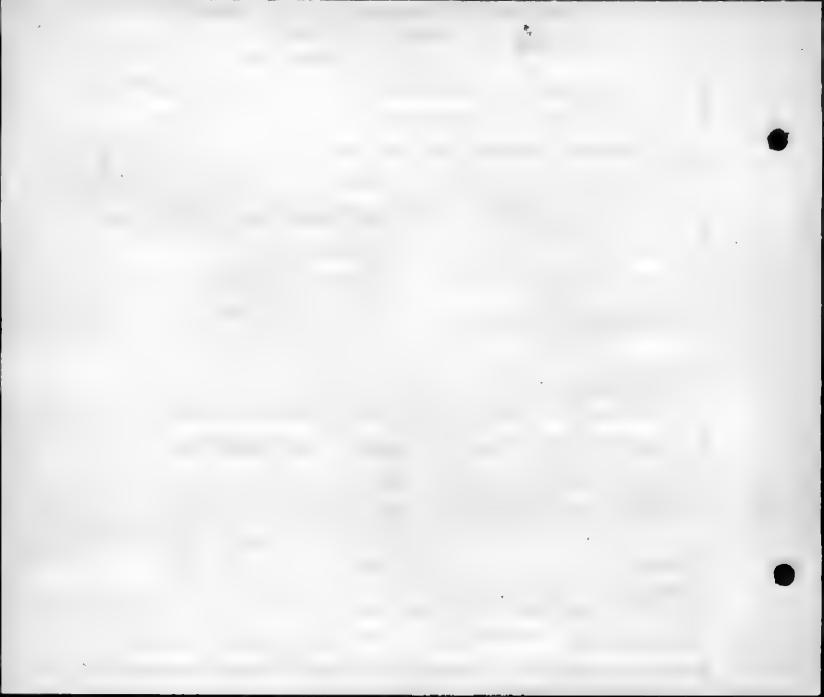
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

| - 4 1 | ാറ | 7 | 7.3 |
|-------|----|------|-----|
| -16 | 36 | i di | 19 |

| , | I. PLACE OF DEATH o. COUNTY Frøderick MARYLAND | | | | | 2 USUAL RESIDENCE (Where deceased lived. It institution Residence before admission) o STATE PENNSYTUANTA b. COUNTY VORK | | | | |
|--|--|---|-------------------------|--|--|--|------------------------------------|--------------------|------------------|-------------------------------------|
| | | b. CITY OR TOWN II outside corporate I milts, write RUPAL ond give recorns town) | | | c. City OR TOWN (If outs de corporate limits, write RURAL and give nearest town) | | | | | |
| | d | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | YORK d STREET A | DDRESS | | - | e IS RESIDENCE | |
| Maryland Avenue | | | | | , | 334 Lexington | | | | YES NO SE |
| | 3. NAME OF First Middle DECEASED | | | | lost | Day Year | | | | |
| | | | | | Duffv | DEATH | 12 | 30 | 1959 | |
| 5. SEX 6. COLOR OR RACE 7 MARRIED 8 DATE | | | | DATE OF BIRTH 3 07 Z 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS | | | | | | |
| | Biologia de la companya della companya della companya de la companya de la companya della compan | | | | March | 26-14944 | L6 yn | Months Do | ys Hours Min, | |
| | 10a | USUAL OCCUPATIO | N (Give kind of work of | lone 10b. Ki | IND OF BUSINESS OR INDUST | RY 11 BIRTHPLA | CE (State or foreign | opunity) | 12 CITIZE | OF WHAT COUNTRY? |
|) | M | GR.NORES | TONE STOR | RE | Store | Penn | sylvania | l | U.S. | Α. |
| / | 13. | FATHER'S NAME | | | | 14. MOTHER'S / | MAIDEN NAME | | | |
| | | | John Di | · | <u> </u> | | | Alice t | roy | |
| | 15. (Yes. | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Spr. ma. at anthoun) (If yes, give war at dates of service) | | | | VIFORMANT | | Addres | | |
| - | | | | | 70-10-0196 M | es.Alic | e Duffy, | York, Pa | L | |
| | | 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | | | | | | | | INTERVAL BETWEEN DNSET AND DEATH |
| | Н | | | | | | | | 15 Min. | |
| | 420.1 DUE TO | | | | | | | | | |
| 1 | П | Conditions, If any, which gave rise to immediate couse | | | | | | | | |
| 1 | Н | (e), stelling the underlying DUE TO | | | | | | | | |
| | | | | | | | SE CONDITION G | VENI IN PART I | THE WAS ALITOPSY | |
| 0 | ATTO | 1741111 | an graville and carri | | | | THE PROPERTY OF STREET | or correction of | 1657 07 1 261 37 | PERFORMED? |
| | CERTIFICATION | 200 EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH. | SE WAS ITRIBUTING [] | b. DESCRIBE | HOW INJURY OCCURRED (E | nter nature of inj | ury in Part L or Part I | l ol item (B) | | |
| | MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Yeo | While | 1 4 | CE OF INJURY (H bry, street, effice | ome, torm, 20f (Ci bldg., etc.) | ly or lown) | (County | (State) |
| | | 21. I certify th | at I took charge | of the re | emains described aba | ve, held an | Autopsy], | Inspection : | , Inquiry | and in my |
| | | opinion death | resulted fram: 1 | Natural c | auses 🔼 . Accident [| , Suicide | , Homicid | e, Undet | ermined ma | nner 🔲 |
| | | ACTIVAL | and | 7 | | | | | | DATE SIGNED |
| | | EXAMINER'S DO THE STATE OF THE | | | M,D, CHIEF MEDICAL EXAMINER | | | | | |
| | | | | | ASSISTANT MEDICAL EXAMINER 12-30-1959 | | | | | |
| | | NAME (Type) | B.O.Thon | | | | HEDICAL EXAMINER | | | |
| | | ROMOVAL (SCALEY) | 12-31-5 | 1 | 72c NAME OF CEMETERY OR | LKEMATORY | | ATION (City, town, | er county) | (Stote) |
| | 23. | FUNERAL DIRECTOR | SSIGNATURE | 1123 0327 | ADDRESS | | 24a. REC'D BY REGIS | TRAR 246 REG | ISTRAR'S SIGNA | ATURE |
| | 13. Tes Fleth Brunswick. Maryland with 4 '60 author 8, thous | | | | | | | 4 | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|-------------|--|
| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13601 |
| HEALTH DEPT. | = | PLACE OF DEATH 13695 THS 3.13,17. See: Birth Cert. et Reg. Dist. No. |
| 6 0 £ | 1. | a. COUNTY |
| Pog Person | 1 | Frederick MARYLAND MARYLAND MORYLAND MORYL |
| E 5 |) | and give neorest town) |
| 8 9 6 | / - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE |
| 2 | 7 | Frederick Memorial Hospital 302 Willow Avenue |
| lay une fair fate | 3. | NAME OF First Middle Frazier tast 4 DATE Month Doy Year |
| or de ser | | (Type or priof) Lindsay Whitney / Frazer Death December 17 19 59 |
| th if | 5. | SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE the video 1 Map this Days Hours Min. |
| Fr. 1 | | Wilte WIDOWED DIVORCED March 10, 1959 7 va 9 7 |
| ge ge 72 h | 10 | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 7 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired? |
| T. 2 | | Frederick U.S.A. |
| M3. | 13 | FATHER'S NAME |
| Pod a series | 16 | Carl E. / Frazier Mary S. Sunday WAS DECEASED EVER IN D. S. AMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address |
| 7.65 BE 6 | | m, no, of unknown] [If yes, give wor or doles of service] |
| if of E is in | <u> </u> | no Carl E. Frazer, 302 Willow Ave., Frederick, Mc |
| d wind and ber | | ONSET AND DEATH |
| di. o | , [| PART I, DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0) Strongulation Munutus |
| eil ji | | Conditions, if ony, which and |
| Pen | | gove rise to immediate couse |
| a merit | | (a), stating the underlying DUE TO |
| ing ing xam | Z | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY |
| icate pendin ai Exo ased a remati | CATION | PERFORMED? YES TO NO |
| The distriction of the second | CERTIFIC | 200, EXTERNAL CAUSE WAS 200, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 officer 18.) FRIMARY or CONTRIBUTING 12- CAUSE OF DEATH. CAUSE OF DEATH. |
| F Mere | | |
| Sho The Table Tabl | WEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County), (State) |
| The dar | × | CA 6 prime 12/1/1951 of work of Home the tredench - had |
| A Part | | 21.1 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my |
| de de company | | opinian death resulted from. Notural causes [], Accident [], Suicide [], Homicide [], Undetermined monner [] |
| A PACA | | ACTUAL RITTLE DATE SIGNED |
| DI DI BI | | SIGNATURE ASSISTANT MEDICAL EXAMINER December 17, 1959 |
| A Sign | >+ | EXAMINER'S |
| S de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la contra | 22 | NAME (Type) Dr. B. O. Thomas, Sr. DEPUTY MEDICAL EXAMINER TO BURIAL CREMATION, 226 DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote) |
| P F S P S P S P S P S P S P S P S P S P | 1 | Burial 12-19-59 Mt. Tabor Cemetery Rocky Ridge, Maryland |
| 5 , 45 , | 23 | ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE |
| V\$ A15ME | 1 | Thurmont, Md. DATE DEC 21'59 arthur & Krous |
| 4.6 | LE. | 22634 2 34 2 |



TO HOSPITAL may be re'

VS A15 (4) 15M 9/55

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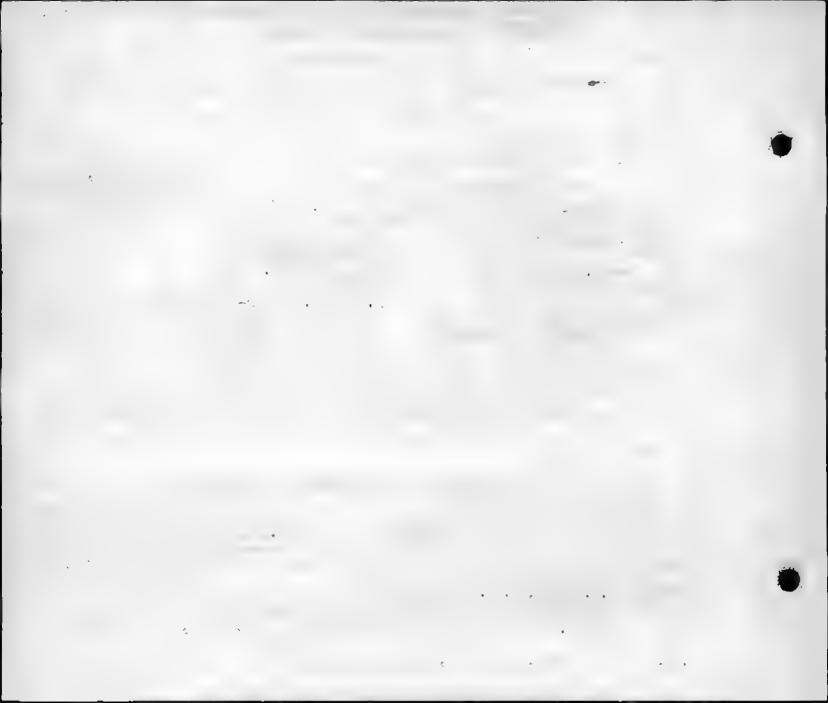
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13697

CERTIFICATE OF DEATH

| | GERRINI G | | | | Re | g. Dist. No. | |
|--|----------------------------|-----------------------|-------------|-------------------------------------|--|----------------|---|
| 1, PLACE OF DEATH | | 2. USUAL RESID | ENCE (Wh | ere deceased lived. | | esidence befor | re admission) |
| •. COUNTY Frederick | MARYLAND | o. STATE | Mary. | Land ^t | . COUNTY | Freder | rick |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c LENGTH OF STAY IN 16 | c. CITY OR T | OWN (If o | ulside corporate lin | nils, write RURAL | , and give nea | irest town] |
| FIEGERICK | 10 Days | | Fred | erick | | | |
| d NAME OF HOSPITAL (If not in hospital, give street or institution Frederick Memorial Hospi | | , d. STREET A | | nird Stre | et | | e. IS RESIDENCE ON A FARM? YES NO |
| | | | | | | | |
| 3. NAME OF (Also Known Ab) Mar (Type or print) MARY | REBECCA | HALLI | | 4. DATE OF DEATH | Decembe: | r 1 | y Year 5 19 59 |
| 5 SEX 6. COLOR OR RACE 7. MARI | RIED NEVER MARRIED | B. DATE OF BIRTH | | . lost | The state of the s | | IF UNDER 24 HRS |
| Female White WIDOW | ED 🚺 DIVORCED 🗌 | July 14 | , 1885 | 5 7 | T yrs Mo | nihs Doys | Hours Min. |
| 10o USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11. BIRTHPU | • | * | 1 | | F WHAT COUNTRY? |
| Narykand Housework | At Home | | Ma | aryland | | USA | |
| 13. FATHER'S NAME | | 14 MOTHER'S | MAIDEN N | AME | | | |
| John C. Stoner | | Sı | usan I | E. Forney | 7 | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | | NFORMANT | | | Address | *4 - | |
| | one M | r. John | S. Ha | Ller-Same | as Ite | 助 #2 | |
| 18. CAUSE OF DEATH [Enter only one cause per li | ne for (o), (b), and (c)] | 0 | | 7.70 | , | | RVAL BETWEEN |
| PART E. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) | HALL BOOK | erela | ral | thron | Mari. | 1 | 3 Days |
| 332× DUE TO | | 120 | | | | | |
| Conditions, if any, which) (b) | ldrauce | es Tes | were | and Re | LuniSel | 2 A A VS | :10 4/2 |
| gove rise to immediate Que To | | | | 5/2 | | | |
| lying couse lost. | | | | | | | |
| | CONTRIBUTING TO DEATH BUT | NOT KH ATED TO | THE TERMIN | NAL DISEASE CON | DITION GIVEN II | N PART 1(0) 1 | |
| 3 (I rebreatherwise | 48 1953 | (Dran | Dell | Qo C.lu | 195 | 4- | YES NO |
| 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH UP 10 OR CONTRIBUTING CAUSE OF DEATH UP 11 FITHER, NOTIFY MEDICAL EXAMINER | CRIBE HOW INJURY OCCURRE | D (Enter nature of | injury y P | ort I or Part II of i | item 18.) | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | |
| S 20c. TIME OF INJURY Month, Doy, Year 20d. I | | ACE OF INJURY () | | | vn) | (County) | (Stote) |
| 20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 of wor | Not while fo | ctory, street, office | bldg , etc. | | | | |
| | 77 | 112 .0571 | | 4-0 15 | 5.50 | | |
| 21. I certify that Lattended the decess | | | 4. J.O. | 200 | , IX-2_7.,th | at I last so | ow the deceased |
| alive on Sale 14, 195 | 9, and that death | occurred of: | | _M, from the LODRESS (Street, ci | | | te stoted above DATE SIGNED |
| ACTUAL SIGNATURE | 50100 | Jeff | | Marylai | | 11 | 2/16/59 |
| SIGNATURE | 2700 | M D | 010011 | | | | |
| PHYSICIAN'S A.T. Brice, M. | D• | | | | | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF | 22c NAME OF CEMETERY O | R CREMATORY | | 22d LOCATION (| | | (State) |
| Burial (Specify) Dec. 17,1959 | Mount Olivet | Cemeter | У | Freder | ick, | Ma | ryland |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | | BY REGISTRAR | 24b. REGISTRA | | |
| M. R. Etchison & Son, Fre | derick, Maryla | und | DATE D | EC 21 '59 | anti | wit & The | NA |



13683

12704 CERTIFICATE OF DEATH

| | | | 231% | 5 | CERII | FICA | TIE OF D | EAIN | l | | Reg. D | st. No. | | |
|----------------|---------------|--|---|-------------------------------|--|-------------------|--|-----------------------------|------------------------|---|-----------------------------------|---------------------------------------|------------------------|---------------|
|) | 1 0 | COUNTY Fre | ederick | | MARY | LAND | | ence (who Maryl: | | lived. If institution b. COUNTY | ema- | Residence before admission) Frederick | | |
| | F | RURAL ond give ned rederick | outside corporate limi (rest lown) RD#6 | ls, write | c. LENGTH OF STAY | IN 16 | | • | | ote limits, write RI Rural RD# | rite RURAL and give nearest town) | | |) |
| | M | L. NAME OF HOSPITA | L (If not in hospitol, (| jive street | oddress) / STREET ADDRESS Meadow Road | | | | 1 | | | | DENCE FARM? NO 1 | |
| | | NAME OF DECEASED (Type or print) | Jos | EPH | | VALENTINE HARTMAN | | | 4. DATE OF DEATH | | ecem | | 1, | rear 19 59 |
| | 5 \$ | Male | White | WIDOWI | | □ □ | 8. DATE OF BIRTH | 1875 | | 9. AGE (In years less birthday) OH yrs. | Months | Doys | Hours | Min. |
| | Ŀ | during most of working letired Car | ng life, even if retired |) I | ort Detric | | Mar | yland | | untry) | 1 | USA | F WHAT | COUNTRY |
| _ | | father's name alentine H | lartman | | | | 14 MOTHER'S Annie | | | Hamilton | l. | | | |
| I | 15. | | IN U. S. ARMED FOR | acrical | SOCIAL SECURITY NO 15-20-9195 | , , , , | s. Mary | G. Hai | rtman | (Same a | | em# | 1) | |
| | | PART I. DEAT | H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which) Immediate () | | ne for (o), (b), ond (c). Cultural Cirtural Cirtural | 27 | lero | in | | عد | | IONS | Trans | DEATH |
| F ¹ | CERTIFICATION | | | | CONTRIBUTING TO DE | | | | | | EN IN PAI | RT 1(o) 1 | PERFO | NO A |
| | MEDICAL CERT | 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Ye | or 20d. If While of wor | NJURY OCCURRED Not white | 20e. PLA foc | ACE OF INJURY (History, street, office | lone, form, bldg., etc.) | 20f. (City | or town) | | County) | | (Stote) |
| | | 21. I certify the alive an ACTUAL SIGNATURE | SON | | ed from Jond that | | accurred at | 4:30P | _M, from | the causes o | ind on t | he do | te state | d above |
| ĺ | | PHYSICIAN'S B | 0. Thoma | в, М. | , D. | | Fred | erick | , Md. | | | | | |
| | 220 | BURIAL CREMATION BUT 131 | 12-5-59 |)F | Mount 01 | | | - (| | ION (City, town, c | | ad | (Stole |) |
| | 23 | EUNERAL DIRECTOR'S | SIGNATURE SOIL | a, Fr | ederick, M | aryl | and | 24a. REC'D | BY REGISTI | RAR 24b. REGIS | STRAR'S SI | | | |

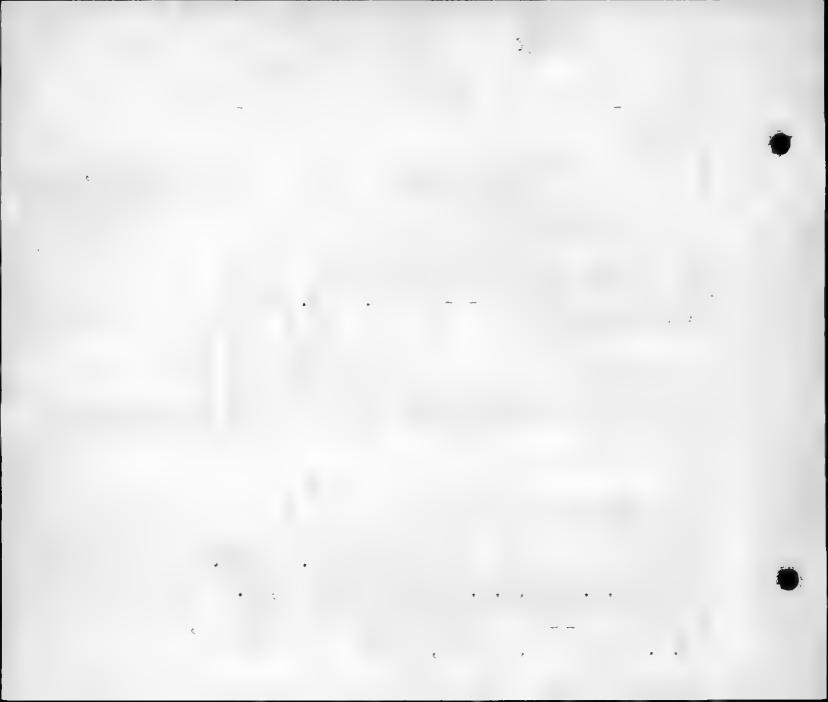
may be referred by the hospital or attending physician.

O FUNERAL CARCTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. may be ref VS A15 (4) 15M 9/55

ATTENDING PHYSELIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL

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| ARYLAND | STATE | DEPARTM | ENT | OF HEA | LTH—BALTIMORE, | 18 |
|---------|-------|----------|---------|--------|----------------|----|
| item | / H'i | 1.03/ 34 |] _]] | -60 et | • | |

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CERTIFICATE OF DEATH

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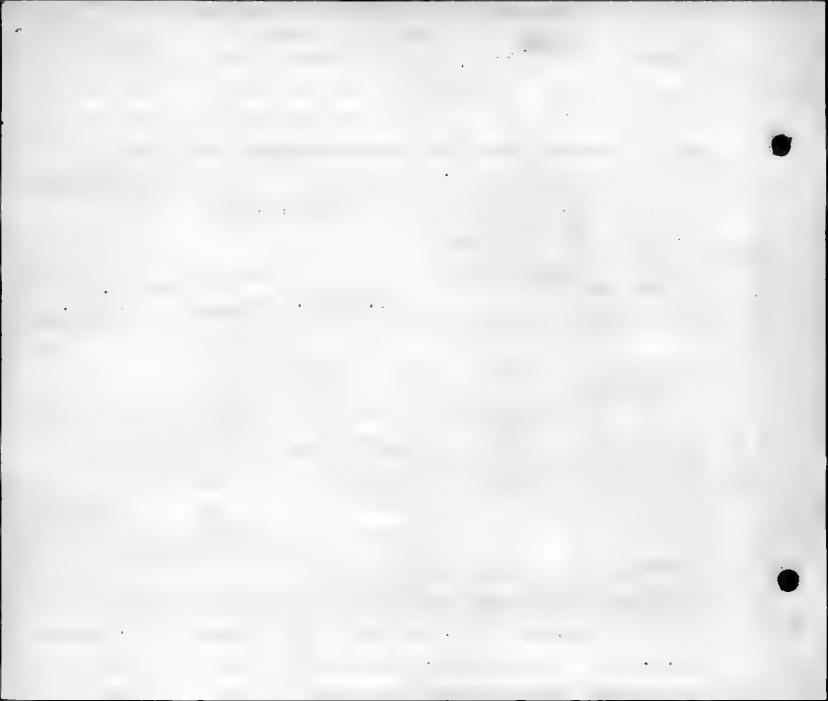
| | : 0.02 | | | | | | K | eg. Dist. N | lo. | |
|---|---|---------------|--------------------------|-----------|---|-----------------------------|---------------------|---------------|--------------|------------------|
| 1. PLACE OF DEATH a. COUNTY | | | | | USUAL RESIDENCE (W | here deceased live | | Residence be | fare admiss | ion) |
| | Frederick | | MARYLAI | 4D | Mary] | Land | b. COUNTY | Freder | rick | |
| b. CITY OR TOWN (RURAL and give n | If autside carporate limi | ts, write | c. LENGTH OF STAY IN | 1Ь | c. CITY OR TOWN (IF | autside carporete | limits, write RURA | AL and give n | rearest lawn | 1) |
| | Frederick | | Years | - 14 | Frede | erick | | | | |
| d. NAME OF HOSPI | IAL (If not in hospital, g | ive street | oddress) | 1 | d. STREET ADDRESS | 127 Wes | at 2nd S | St. | e. IS RES | IDENCE FARM? |
| | for the Age | d | | | /415/ Rec | ord/Styl | | | | NO K |
| 3. NAME OF DECEASED (Type or print) | PEARL | ri | Middle E . | | HENCK | 4. DATE OF DEATH | Month | 30 | 7 | Year 19 5 9 |
| 5. SEX | 6. COLOR OR RACE | 7. MARK | RIED NEVER MARRIED | 0. D. | ATE OF BIRTH | 9. 4 | GE (In years IF | UNDER 1 YEA | | |
| Female | White | WIDOWI | ED XX DIVORCED | ם כ | November 6, | 1870 8 | ost birthday) M | lanths Days | Haurs | Min. |
| 10a. USUAL OCCUPATIO | ON (Give kind of wark a king life, even if retired | done 10b. | KIND OF BUSINESS OR I | NDUSTRY | 11. BIRTHPLACE (Stote | or foreign counti | γ) | 12. CITIZEN | OF WHAT | COUNTRY |
| Practical | Nurse | ' | Nursing- | | Maryl | land | | U | SA | |
| 13. FATHER'S NAME | | | | 14 | MOTHER'S MAIDEN | NAME | | | | |
| | Cornel | lius | Virts | | C- | atherine | Ennis | | | |
| 15. WAS DECEASED EVE | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | 17. INFO | | 1,0 | 8 Wythin | ng Ave. | • • | |
| No | | | | Mr. | Harry S. F | lenck; We | st Pitts | ston. | Penna | e |
| | ATH {Enter anly ane ca | use per li | ne far (a), (b), and (c) | Λ | | 51. | | IN | NET AND | |
| PART I. DE/ | ATH WAS CAUSED BY: IMMEDIATE CAUSE (a | \mathcal{U} | Lule Vi | ele | uonory | Calle | ed | | 1 hi | ur |
| 4 . | DUE TO | 0 | + | 1. | 1 4 | - 1 | | | | |
| Canditions, if a | | | rllrio - Sc | yer | alie M | an a | ser | e , | 10+1 | yes. |
| gave rise to i couse (a), stating | | | | | | | | | | y |
| lying couse lost. |) (c | التالية إ | REAST | 161 | 4 | | | | | |
| PARL IS OT | HER SIGNIFICANT CON | DITIONS O | CONTRIBUTING TO DEATH | BUT NOT | RELATED TO THE JERN | NINAL DISEASE CO | INDITION GIVEN | IN PART 1(o) | 19. WAS / | AUTOPSY RMED? |
| 3 72 | allabely | ted | | | e males | noule | 1 | | YES 🗀 | NO 🖭 |
| OR CONTRIBUTING | AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER) | 206. DES | CRIBE HOW INJURY OCCI | JRRED. (E | nter nature af injury M | Part I or Part II | stem 18.) | | | |
| 20c. TIME OF INJUI | RY Month, Day, Yes | | | e. PLACE | OF INJURY (Hame, fare street, affice bldg., et | m. 20f. (City or t | lawn) | [Count | γ) | (State) |
| p. m. | 19 | White of wor | k at work | 100.013 | and an early co | | | | | |
| 21. I certify th | natyl attended the | deceas | ed from Oct | ion. | 1955 to / | 2/30 | 1955 | hat I last | saw the | decease |
| alive on 12 | -/30 | 195 | 9 and that de | eath ac | ourred at 8:45 | $P_{\mathcal{M}}$, from th | ne causes and | an the d | late state | ed above |
| C A | 4 | 10. | | | | | city or town, stat | | DA | TE SIGNE |
| ACTUAL | railes TX | W. | xleggy | M.D. | FREDER | LICKIA | 1A-RYL | AND | 12/ | 31/5 |
| PHYSICIAN'S NAME (Type) | IARLES H | Co | NLEY, TR. | | *************************************** | | | | | 7 |
| 22a. BURIAL CREMATIC REMOVAL (Specify | | F | 22c. NAME OF CEMETE | RY OR CR | EMATORY | 22d LOCATION | l (City, tawn, ar c | aunty) | (State | e) |
| Burial | 1/2/60 | | | Ferr | 7 Cemetery | Harpe | ers Ferry | 7. W. T | Virgir | 1ia |
| 23. FUNERAL DIRECTOR | | | ADDRESS | | | D BY REGISTRAR | 24b. REGISTR | AR'S SIGNAT | URE | |
| M. R. Et | chison & Sc | n; F | rederick, Ma | ryla | ad. DATE A | N 5 '60 | Classin | . P 4. | 4 | |

DATEJAN 5

'60

Children & Flores

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost,

at work at work

factory, street, office bldg., etc.)

Hour a.m.

NAME OF

Male

S. SEX

(Type or print)

13. FATHER'S NAME

es, no, or unknown]

30/59

21. I certify that I attended the deceased from Mass. 1955, to April 27 1959 that I last saw the deceased

ADDRESS (Street, city or town, state)

(State)

DATE SIGNED

Charles R. Williams NAME (Type) 22b. DATE THEREOF 220, BURIAL CREMATION.

22c. NAME OF CEMETERY OR CREMATORY George

be Emritsburg Maryland

24n, REC'D BY REGISTRAR

Gettysburg.

and that beath accurred at 130PM, from the causes and an the date stated above.

Pungoteague .

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURES

REMOVAL (Specify)

Wilson

PATREC 2 8 '59 arthur & Krame

22d. LOCATION (City, town, or county)

VS A1S (4) 15M 9/SB

FUNERAL DIA page 9

à

director

funeral

filled

pup carban ofter

physician

been signed

certificate

burial-transit

detoch DIRECTOR:

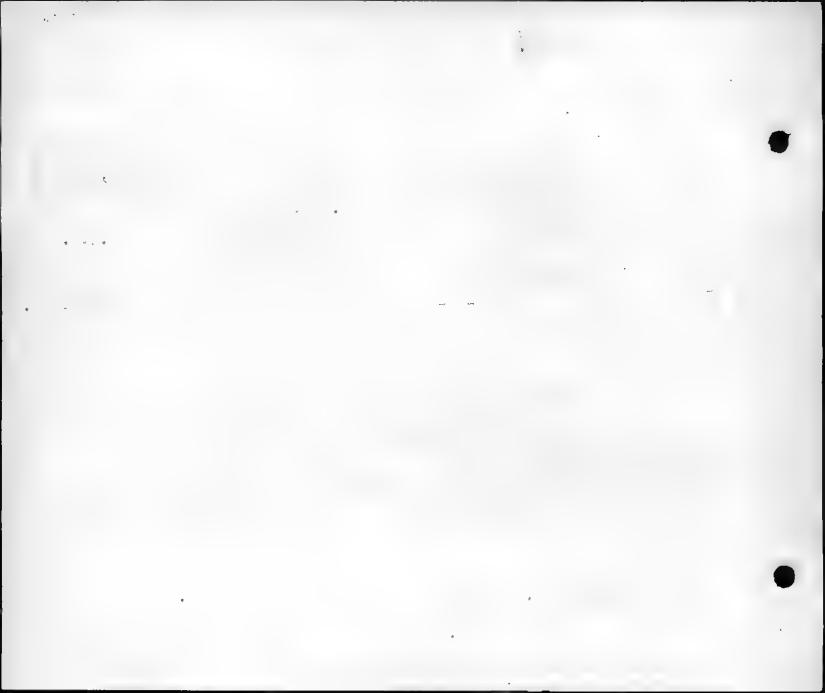
haurs remave

2 attending

please within

Pages

be filled





| | | - | 1 | 1 |
|---|--|---------|---|---|
| ICEL EXEMINER: This certificate sliguid be executed within 24 hours after death. If any delay is recessary, | ficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune, prector. | Ir your | ECTOR: Page 3 should be used as a burial-treasit permit. File pages 1 and 2 with the State board of H | / |
| | | | 00 | |
| delay i | e fune? | retair | state | docent prior to burial cremotion or removal and in one event within 72 hours ofter death. |
| any | 0 13 | , be | h the | Ofter |
| ** | 9 | E | W | STEE |
| leath | and, | ge 5 | nd 2 | 72 hc |
| 70 28 | -2 | 9 | 7 | Ę |
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| 1 | | MARYLAND STATE DEPARTMENT OF | HEALTH-BALTIMORE, 18 | 13688 | | | | |
|---|--|---|--|-------------------------------------|--|--|--|--|
| FOR STATE | | MEDICAL EXAMINER'S CERT | | - | | | | |
| HEALTH DEPT. | | PLACE OF DEATH | Reg, Dis | | | | | |
| 90 es | | Frederick MARYLAND O. STATE | 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b COUNTY Frederick | | | | | |
| M) Hed Sa | | | OR TOWN (If outside corporate limits, write RURAL and Frederick | give nearest town) | | | | |
| ord or | <u> </u> | | T ADDRESS | e IS RES DENCE | | | | |
| × × | | 237 West Patrick Street | 237 West Patrick Street | YES NO | | | | |
| delay ne fun retail | | NAME OF DECEASED (Type or print) GEORGE DAVID WALTER SANDERS KOLB | 4. DATE Month OF DEATH December | Doy Yeor 19 59 | | | | |
| y be | 5. | EX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8 DATE OF BIR | | YEAR IF UNDER 24 HES | | | | |
| d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 | | Male White WIDOWED DIVORCED March | 24. 1875 8h yrs. Months D | Poys Hours Min. | | | | |
| Poge 5 | 100 | . USUAL OCCUPATION (Give kind of work done log, KIND OF BUSINESS OR INDUSTRY II. BIRTHI luging most of working life, even if retired) RECIPED Driver Fire Co. | PLACE (Stote or foreign country) 12. CITIZ Maryland 1 | EN OF WHAT COUNTRY? | | | | |
| S offi MA3. Writh | 13. | | R'S MAIDEN NAME | Walter A Vanisar wassards | | | | |
| Pon Pon Vent | <u> </u> | David Kolb | V. Saltzer | to Managery and the | | | | |
| it, Filt. | 15 | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 220-10-5266 Mrs. Firb | oie V. Kolb-Sameas item #2 | | | | | |
| with and with a land in the la | 7 | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)] | tamente: promotés aris departemente algida par | INVERVAL BETWEEN ONSET AND DEATH | | | | |
| the tree of the sile of the si | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY THROMBOSIS | | Minutes | | | | |
| exec Sin ffice fran hovo | | Conditions, if one, which) ARTERIOMSCLEROSIS | | Years | | | | |
| original per remarkation of the | | gave rise to immediate cause (| | Tear. | | | | |
| auld in the final | | (c), stating the underlying DUE TO | | | | | | |
| ending all Exom | ATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T | TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(o) 19. WAS AUTOPSY PERFORMED? | | | | |
| Medic Medic Mid be rial, cu | CERTIFIE | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | injury in Port I or Port It of Itam 18.) | | | | | |
| The State of Chief of State of Chief of State of | MEDICAL | 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY factory, street, office of work of work of work of work | | nty) (Stote) | | | | |
| Poge price | | 21. I certify that I took charge of the remains described obove, held o | on Autopsy , Inspection K. Inquiry | ond in my | | | | |
| e, w | 1 | | ide], Homicide]. Undetermined m | Input ' | | | | |
| ficest f | | 2 + 2 E | | DATE SIGNED | | | | |
| DIR | 1 | M.D. | F MEDICAL EXAMINER | DATE SIGNED | | | | |
| ITY THE THE PROPERTY OF THE PR | | FYAMINEP'S | TANT MEDICAL EXAMINER TY MEDICAL EXAMINER | 12/4/1959 | | | | |
| Hand Hand | 220 | BURIAL CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY | 22d LOCATION (City, town, or county) | (Stote) | | | | |
| 0 20 9 | 1-3 | Surial Dec. 7,1959 Mount Olivet Cemeter | ry Frederick. | Maryland _ | | | | |
| VS A15ME | 1 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24a. REC'D BY REGISTRAR 246 TREGISTRAR'S SIGN | NATURE | | | | |
| 5M 2/57 | A | . R. Etchison & Son, Frederick, Maryland | DATEDEC 8 '59 arthur 8. 1 | Trans | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 1 | 3 | 6 | Ö | 3 | |
|---|---|--------|---|----|--|
| | - | \vee | | 2/ | |

13701 CERTIFICATE OF DEATH

Reg. Dist. No.

| - | | | | | | | | | | | | |
|---------------|---|---|-------------------------------|--|-------------|-------------------------------------|---------------|----------------|-----------------------------------|-------------|-------------|--|
| 1. | PLACE OF DEATH o. COUNTY F | rederick | | MARY | LAND | o. STATE | aryla | _ | lived If instituti b. COUNTY | | Mary | . 19 |
| | b. CITY OR TOWN (If RURAL and give ne | outside corporate limi | ts, write | c LENGTH OF STAY | IN 1b | c. CITY OR T | OWN (If o | utide corpor | ote limits, write f | URAL and | give neares | it lown) |
| | Frederick | | | 2 Months | | R | idge | | | 8 x | در | |
| | d. NAME OF HOSPITA OR INSTITUTION 118 McMur | AL (If not in hospital, g | ive street (| oddress) | | d STREET A | DORESS | | | | e. 1 | IS RESIDENCE ON A FARM? (ES NO A |
| 3. | DECEASED | Fir | | Middle | | Lost | | 4. DATE OF | Moi | | 17. | Yego |
| \perp | (Type or print) | DAIS | | AN | | LANG | | DEATH | Decei | | - | 1,59 |
| | SEX | | | IED NEVER MARRI | | L DATE OF BIRTH | |] | P. AGE (In years Ign-perihdoy) | Months | | UNDER 24 HPS. |
| _ | Fenale | Colered | WIDOWE | 100 | | Unknown | | | To yes | 100 000 | | |
| R | during most of work Housework | IN (Give kind of work ing life, even if retired | done 10b. | At Hom | OR INDUS | TRY 11. BIRTHPL | aryla | nd nd | untry) | | ISA JSA | WHAT COUNTRY? |
| 13 | FATHER'S NAME | | | | | 14. MOTHER'S | | | | | | |
| I. | Nels | on Barnes | | | | Emily | Johns | on | | | | |
| | WAS DECEASED EVER | | | SOCIAL SECURITY NO | | FORMANT | 987 31 | Y C | Add | | 4 2 | |
| Ľ | No | NO | 21 | 7-32-3704 | Mr | s. Luzon | L 1W = W | ars, S | ame as . | LUCIE 7 | r | |
| | 18. CAUSE OF DEA | TH [Enter only one co | use per li | ne for (a), (b), and (c) | 1 | 1 | | | | | | AL BETWEEN |
| Т | | TH WAS CAUSED BY: IMMEDIATE CAUSE (o | , 1+ | (morrha | 10 | Pall | non | 214 | | | 15 | minut |
| | OCAX | DUE TO | | 7 1 | 7 | | | A | | | | |
| | Conditions, if or | | , 1 | ulmon | avy, | (hp | cre | 4/0 | 212 | | 36 | water |
| ı | gove rise to in couse (o), stating t | nmediate (DUE TO | | | | | | | | | | |
| 1 | lying couse lost. | (c |) | | | | | | | | | |
| 2 | PART II. OTH | ER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DE | ATH BUT I | NOT RELATED TO | THE TERMI | NAL DISEASE | CONDITION GI | VEN IN PAR | 1 | PERFORMED? |
| 180 | 5 | | | | | | | | | | Y | ES NO 🔼 |
| CEPTIFICATION | | S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY O | CCURRED | . (Enter noture of | f injury in l | Part I or Port | (of item 18.) | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o.m. p. m. | Y Month, Day, Ye 19 | or 20d It White of worl | NJURY OCCURRED Not while t of work | | CE OF INJURY (Flory, street, office | | | or town) | ((| County) | (Stote) |
| | | at I attended the | decens | ed from Dec | . / | , 1957 | to /2 | 3.11 | 7 1056 | 7 that I | lost saw | the deceosed |
| | plive on De | Da. 17 | 19 | a Company of the Comp | | | | M from | | | | stoted obove |
| | J. 1 | 7 1 1 | 1 | , , , , , , , , , , , , , , , , | acom. | occorred di. | | | eet, city or town, | | | DATE SIGNED |
| | ACTUAL SIGNATURE | sirald (| 7,000 | Milas & | 10. | Profe | ession | nal Bu | ilding | | 12 | /18/59 |
| | PHYSICIAN'S NAME (Type) B. | ernard O. Thomas | . M.I | . / | · · · · · · | Frede | rick | , Mar | yland | | | ******* |
| 2 | 20- BURIAL, CREMATIO | | | 22¢ NAME OF CEM | ETCBY A | | | | | | | |
| ľ | REMOVAL (Specify) | Dec.19,1 | _ | St. Pete | | | | St. | Mary a | Count | Уэ | Maryland |
| - 11 | FUNERAL DIRECTOR'S | | | ADDRESS | | | | D BY REGISTI | | STRAR'S SIG | | |
| j | M. R. Etchi | son & Son, | Free | derick, Mar | rylar | ed | DATE DE | C 2 1 '5 | a Cu | Ilma S. | / CAME | |

the funeral director, should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 M may be refused by the haspital ar attending physician.

O FUNERAL SACTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event withing they after death. TO HOSPITAL moy be ret VS A15 (4) 15M 9/55

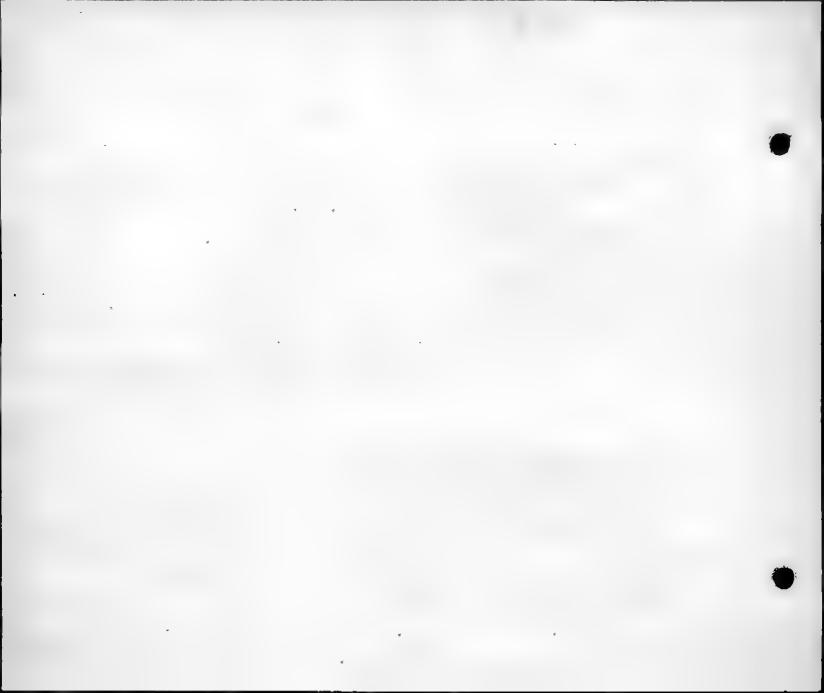


fter death. Page 4

requires that the Beath certificate be executed within 24 ha

VS A1S (4) 15M 9/S8

| | o. COUNTY Frac | erick | | MARYLA | IND | - CTATE | land | b. COUNTY | Fred | lor. | ick | , our |
|-----------------|--|--|--------------|----------------------------------|-----------|---|------------------------|-------------------------------------|--------------------|----------------|------------------|-------------------|
| | 6 CITY OR TOWN (IF RURAL and give nea 日間日日 上下 | outside corporate limi rest town) IMITSburg | | c. LENGTH OF STAY IN | 116 | x Rural | • | rote limits, write Ri 11 tsbur s | | give ne | arest lawn | ٠) |
| | OR INSTITUTION | R.D.#2 | ive street | oddress) | | d. STREET ADDRESS | D.#2 | | | | | PARM? |
| 3. | | | | Middle 1 Daniel L | | Lost | 4. DATE OF DEATH | Mon Decen | | 25 | - | Year 1959 |
| | sex Male | White | 1 | IED X NEVER MARRIED | _ | Feb. 25,19 | ו די | 9. AGE (In years last birthday) | IF UNDER Manths | 1 YEAR Days | IF UNDE Hours | R 24 HRS. Min. |
| 100 | | N (Give kind of working life, even if retired | widone 10b. | KIND OF BUSINESS OR | INDUS | oryEm. itshu | ar foreign a | 48 yrs. | | J. J. | | OUNTRY? |
| | Felix | Henry Li | ngg | | | Rosali | | wner | | | | |
| | WAS DECEASED EVER | | CES? 16. | 50CIAL SECURITY NO 176-07-967 | #Y1 | NFORMANT SLAD | lys | G Addr | ess Emn / F | nit: | slur . //2 | g,Mc |
| A CERTIFICATION | PART I. DEATI Conditions, if any gave rise to im cause (a), stating II lying cause lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY & | H WAS CAUSED 8Y: MMEDIATE CAUSE (o DUE TO Y, which neediate te under. R SIGNIFICANT CON UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER; | DITIONS C | CRIBE HOW INJURY OCC | URREL | The Earth NOT RELATED TO THE TERM. D. (Enter noture of injury in | Part I ar Part | t I, af item 18.) | EN IN PAR | * | PERFO | |
| MEDICAL | 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify the | 19 | While of war | Nat while | fac | ACE OF INJURY (Home, formatory, street, affice bldg., etc.) | 6) | | | Caunty) | w the d | (State) |
| | actual signature PHYSICIAN'S NAME (Type) | | 7- | | eath | accurred at 3 15 | M, fram | | d an the | | stated | |
| | BURIAL, CREMATION REMOVAL (Specify) SUP 181 | DGC 30 |)F | 22c. NAME OF CEMETE | RY O | CREMATORY OSEDHIS | Emmit | TION (City, Iown, o | Mary | | | e) |
| 23. | FUNERAL DIRECTOR'S | SIGNATURE Wilson | m') | Emmitsbur | <u>C,</u> | | D 8Y REGIST | | UNIT & | | | |



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| ARYLAND | STATE | DEPARTMENT | OF HÉALTH | -BALTIMORE, | 18 |
|---------|-------|-------------------|-----------|-------------|----|
| | | | | | |

13702 **CERTIFICATE OF DEATH** Reg. Dist. No. 13691

| 1. Pi | COUNTY | Frederick | | MARYLI | ANO | o. STATE | Maryl | | d lived. If institut b. COUNT | / | erick | Imission) |
|----------|---|---|------------------------------|--------------------------------|----------|--|--|----------------|------------------------------------|--------------|---------------|---------------------------------|
| b. | CITY OR TOWN (I | f outside carporate limi | ts, write | c. LENGTH OF STAY IN | ч 1Ь | c. CITY OR 1 | OWN (If o | outside corpo | rote limits, write | RURAL and | give nearest | tawn) |
| | Frederic | ck | | Years | | // 1 | Frede | rick | | | | |
| 10 | or institution 27 North | At (If not in hospito), of Market Str | eet | oddres) | | d. STREET A | | North | Market S | Street | 1 0 | RESIDENCE ON A FARM? S NO |
| 3. N | AME OF | Fie | n† | Middle | | Los | 1 | 4. DATE | Ма | nth | Day | Year |
| | ECEASED 'ype ar print} | MAE | BEL | IREN | € | LIN | TON | OF DEATH | Dece | mber | M, | 1959 |
| 5. SE | X | 6. COLOR OR RACE | 7. MARI | RIED 🗍 NEVER MARRIED | 8 | . DATE OF BIRTH | Н | | 9. AGE (In years last birthday) | | | INDER 24 HRS. |
| | Female | White | WIDOW | ED 🛄 DIVORCED | | January | 23, | 1895 | 64 yrs | Months | Doys Ho | ours Min. |
| 10a | USUAL OCCUPATION during most of world House- | DN (Give kind of work king life, even if retired -VIOPK | done 10b. | KIND OF BUSINESS OR At Home | INDUST | RY 11. BIRTHPL | ACE (Stole Maryl | or foreign co | auniry) | 12. CI | USA | HAT COUNTRY? |
| 13 F | ATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN I | NAME | | | | |
| | Lui | ther R. Sta | ley | | | | Alic | e Robe | erts | | | |
| | no or unknown) . | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO | | FORMANT | | | 903 M8 | ter A | venue | |
| | No | | | None | Mr | • Leste | r S. | Linton | , Freder | ick, | Maryl | and |
| | PART I, DEA | NTH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c | . 5 | Community f | liver | nlevis | | | | | ONSET / | AND DEATH |
| | 4001 | DUE TO | 91. | | 0 1 | 0 | - marie - mari | 2/ 1 | Dise. | | 1 | |
| Н | Conditions, if a gave rise to it | mmediate | MI | perfessive. | Wr # | muco 5 Eddi | real | 2400 | LL 32 86 . | <u> </u> | 10 3 | 16 24 3 |
| П | tying cause last. | the under- | , | | | | | | | | | |
| z | | HER SIGNIFICANT CON | DITIONS: | CONTRIBUTING TO DEAT | TH RUT N | NOT RELATED TO | THE TERM | INIAI DISEAS | E CONDITION G | VENI IN PAR | 7 1(a) 19 W | AS AUTOPSY |
| FICATION | | | | | | | | | | | PI PI | REFORMED? |
| | 20d. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 206. DES | CRIBE HOW INJURY OC | CURRED | . (Enter ngtura o | f injury in | Part I ar Pari | t II of item 18) | | | |
| MEDICAL | 20c. TIME OF INJUR Hour a.m. p. m | Y Month, Day, Ye | ar 20d, I While at war | Not while | | CE OF INJURY (I ory, street, office | | | or town) | - (1 | County) | (Stale) |
| | 21. I certify th | at I attended the | deceas | sed from | | ا 19 کے | , ta | 12/3 | 73 195 | | last saw : | the deceased |
| | alive an | 12/28 | , 12 | 57, and that a | death | accurred at | 8:45 | A.M. fran | n the causes | and an I | he date s | tated above |
| Н | 1 | 21 10 | 1) | | | | | | treet, city or lown | , state) | - / | DATE SIGNED |
| | ACTUAL SIGNATURE | replace C | · Les | ynotels | N | LD. East | Churc | h Stre | et, | | 1/2 | 2/60 |
| | PHYSICIAN'S NAME (Type) | R. C.Reynol | ds, | M. D. | | Frede | ri č k, | Maryl | and | | | |
| 22a. | BURIAL, CREMATIC | | | 22c. NAME OF CEMET | | | | 22d LOCA | TION (City, town, | ar county) | | (State) |
| I | REMOVAL (Specify) | Jan.4,19 | 960 | Mount Oli | vet | Cometer | У | F | rederic | و2 | l l | Maryland |
| | UNERAL DIRECTOR | | | ADDRESS | | | 24a. REC' | D BY REGIST | IRAR 246. REG | ISTRAR'S SIG | GNATURE | |
| A | i. R. Etcl | nison & Sor | , Fr | ederick, Mar | ryla | nd | DATEAN | 5 '60 | Chi | ing 8 f | | |
| | | | | | | | | | | 1 41 | T / P # F / P | |

VS A1S (4) 15M 9/S5

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| KIIFICATE OF BEATH | Reg. Dist. No. |
|--------------------|----------------|
| RTIFICATE OF DEATH | 100 |
| | 136 |

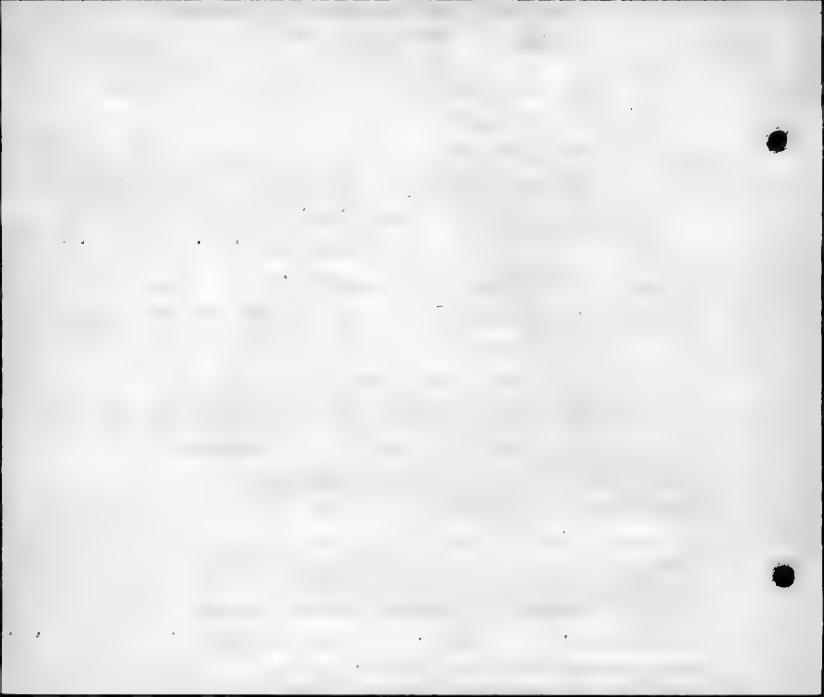
| | | | | | | | | | | reade also | , , , , , , | |
|---------------|--|---|---------------------------------|--------------------------------|------------------|--|-----------------------------|---------------------------|------------------------|-------------|-------------|------------------------|
| 1. | PLACE OF DEATH O. COUNTY | Frederic | ek | MARY | LAND | 2. USUAL RESID | Mar Mar | yland | . If institution | | deric | |
| | b. CITY OR TOWN (If outside corporate limits, write RIPAL and give segrest town) Frederick 16 days | | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Thurmont rural | | | | | | |
| F | d. NAME OF HOSPITA OR INSTITUTION PEOGRICK | Memorial | Hosi | oital | | d. STREET A | DDRESS | | | | 01 | RESIDENCE N A FARM? |
| | NAME OF DECEASED (Type or print) | CALVIN | / | Middle S | | MAR7 | "IN | 4. DATE OF DEATH | Dec. | | Day | Yeor 159 |
| | male | white v | VIDOWED | | | Aug. 2, | 188 | 9 70 | birthday) yrs. | | YEAR IF UI | NDER 24 HRS In Min. |
| Ш | aborer | N (Give kind of work do ing life, even if retired) | ne 105. Kil P. 1 | E. CO. | R INDUS | Mary | Tand | | | | U.S. | A . |
| | FATHER'S NAME | | | | | 14. MOTHER'S | | | | | | |
| - | | artin | | | | .1 | lzabe | th Hol | .tz | | | |
| 1S. (Ye | No CECEASED EVER | IN U. S. ARMED FORCE | ical I | 7-10-900 | | Bessie | M. M | artin | Addre Th | | nt, I | Md. RD |
| 7 | PART I. DEAT Conditions, if or gove rise to in codise (o), storing t lying couse lost. | he under- DUE TO | | Cerrorteen | 7 | thronic | | | | | ONSET A | BETWEEN ND DEATH |
| CERTIFICATION | | ER SIGNIFICANT CONDI | | | | | | | | N IN PART | PE | AS AUTOPSY REORMED? |
| | | MEDICAL EXAMINER) | 06. DESCRI | IBE HOW INJURY O | CCURRED | . (Enter nature o | f injury in P | art I or Part II of i | item 18.) | | | |
| MEDICAL | 20c, TIME OF INJURY Hour g. m. p. m. | f Month, Day, Year 19 | 20d. INUI While of work [| URY OCCURRED Not while at work | 20e. PLA foct | CE OF INJURY (I lory, street, office | Home, farm, bldg., etc.) | 20f. (City or tov | vn) | (Co | ounly) | (Stote) |
| 1 | 21. I certify the | at I attended the c | leceased | fram | 24 | ک 19 | /, ta | 12/12 | , 193° | that I lo | ist saw ti | ne deceased |
| | alive an | 1.3- | کـــ19 ب | 1, and that | death | accurred at | 133/ | M, fram the | / | | | |
| | ACTUAL SIGNATURE | rehard & | 2. J. | Tynolds | ·^ | A.D. , | EAS | DDRESS (Street, c | ily or lawn, s UKCH | lale) S7 | | DATE SIGNED |
| | PHYSICIAN'S RINAME (Type) | chard C. | Reyn | olds | | 10000000 | | WRICK | , 17 | <u>/</u>) | | , / |
| 220 | BURIAL CREMATION BEMOVAL (Specify) | 12-15-59 | | Blue R: | ETERY OR | | | 22d. LOCATION (| | | | ilate) |
| 261 R | EUNERAL PIRECTOR | Creager | ~ _{Th} | ADDRESS | Md. | | 24a. REC'D | BY REGISTRAR C 1 7 '59 | 24b. REGIST | | NATURE | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 he funeral director, should be tited with may be retained by the haspital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I are the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1 Film 253 12-7-59 et CERTIFICATE OF DEATH Rea Dist No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Frederick be filed b. COUNTY Frederick MARYLAND Margland death. 0 b. CITY OF TOWN (If outside cornerate limits, write E TENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town) Emmitsburg. Thurmont 2 months d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? home haurs West Main YES TO NO DO NAME OF Find Middle 4. DATE Month Year Day DECEASED (Type or print) John Tilden 1777 ar DEATH 19 59 December 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Male Nov-WIDOWED [7] DIVORCED [7] yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö Christopher Miller Jane E. Evler remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) AMS. DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES TO NO ET 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day. 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while of work of work p. m. 21. I certify that I attended the deceased from A 1952, that I last saw the deceased and that death accurred at 24 10 M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Enmitsburg, Frederick Co.Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krous Fmmitsburg DEC 4



17 INFORMANT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20e PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18)

211-10-2118

20d. INJURY OCCURRED

of work of work

Not while

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

While

14. MOTHER'S MAIDEN NAME

Hannah C. Flook

20f. (City or town)

and that death accurred at 3:35A M, from the causes and an the date stated above.

Professional Building

24a. REC'D BY REGISTRAR

DATE DEC 2 2 159

Frederick, Maryland

ADDRESS (Street, city or town, stote)

22d LOCATION (City, town, or county)

Frederick.

Mrs. Mary L. Mirmick-Same as Item #2

Address

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES 🗍 NO 🚺

(Stote)

DATE SIGNED

(Stote)

Maryland

(County)

8 1959 that I last saw the deceased

24b. REGISTRAR'S SIGNATURE

Custing S. Thomas

filed with innerol å should death. puo after physicion Š remove hours offending | 2 Š peub should noy be ref FUNERAL 0

requires that the

13. FATHER'S NAME

CERTIFICATION

. 1

No

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY

Hour

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Burial (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220. BURIAL CREMATION 22b. DATE THEREOF

Month.

21. I certify that I attended the deceased from

Charles C. Minnick

18. CAUSE OF DEATH [Enter only one couse per line-for (o), (b), and (c).]

DUE TO

DUE TO

Doy, Year

B. O. Thomas, M. D.

M. R. Etchison & Son, Frederick, Maryland

Dec.21,1959

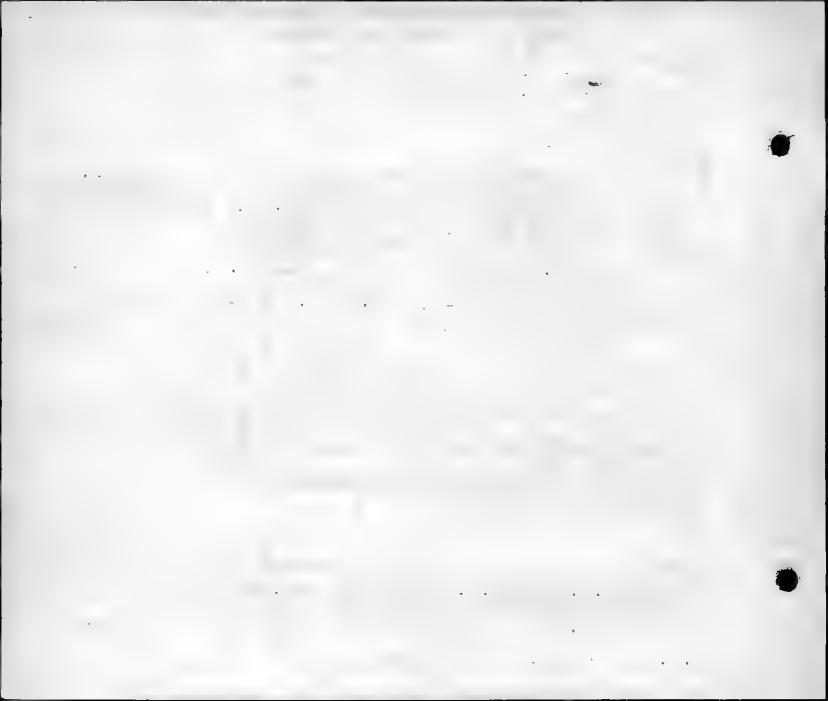
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o)

ofter death.

80%

VS A15 (4)



| | | | | Keg. Dist. No. | | | |
|--|---|--|--|--|--|--|--|
| i. PLACE OF DEATH COUNTY Frederick | MARYLAND 2 | o. STATE Mary | re deceased lived If institution Land b. COUNTY | Residence before admission) Frederick | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point of Rocks | c. LENGTH OF STAY IN 16 | | tside corporate limits, write RU of Rocks | RAL and give nearest town) | | | |
| d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | 11/ | d. STREET ADDRESS a. IS RESIDENCE ON A FARM2 YES NO. | | | | | |
| 3. NAME OF First DECEASED (Type or print) NELLE | DARCUS CLIPP | MOHLER | 4. DATE Month OF DECE | mber 17, 1959 | | | |
| 5. SEX 6. COLOR OR RACE 7 MARY Female White WIDOW | | DATE OF BIRTH December 2, 1 | Land School State 12 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | | | |
| 100 USUAL OCCUPATION (Give kind of work done 10b. during most af working life, even if retired) HOUSE—WOYK A | KIND OF BUSINESS OR INDUSTRY Home | | r foreign country) irginia | 12. CITIZEN OF WHAT COUNTRY? | | | |
| David Clipp | | 14. MOTHER'S MAIDEN NA M. Hanna | ***= | | | | |
| 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 [Yes, no or unknown) [II yes, give year or dates of service) NO | | William H. M | Addre Ohler, Jr.—Same | | | | |
| OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year While of wor p. m. 19 21. I certify that Latended the decease of the contribution of the contribu | SCRIBE HOW INJURY OCCURRED. (INJURY OCCURRED Not while 20e. PLACE foctor of work 20e. PLACE foctor of work | E OF INJURY (Home, farm, ry, street, office bldg., etc.) | art I or Part II of Ilem IB) | (County) (State) (that I last saw the deceased and an the date stated above tote) PARE SIGNED PARE SIGNED PARE SIGNED PARE SIGNED PARE SIGNED PARE SIGNED | | | |
| 220. BURIAL, CREMATION, 22b DATE THEREOF BURIAL (Specify) Dec. 19.1959 | 22c. NAME OF CEMETERY OR C | CREMATORY Cemetery | 22d LOCATION (City, town, or Frederick, | county) Maryland | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son. Fr | ADDRESS | | | RAR'S SIGNATURE | | | |

may be re' VS A15 (4) 15M 9/55

D HOSPITAL OR ATTENHING FINYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the haspital ar attending physician.

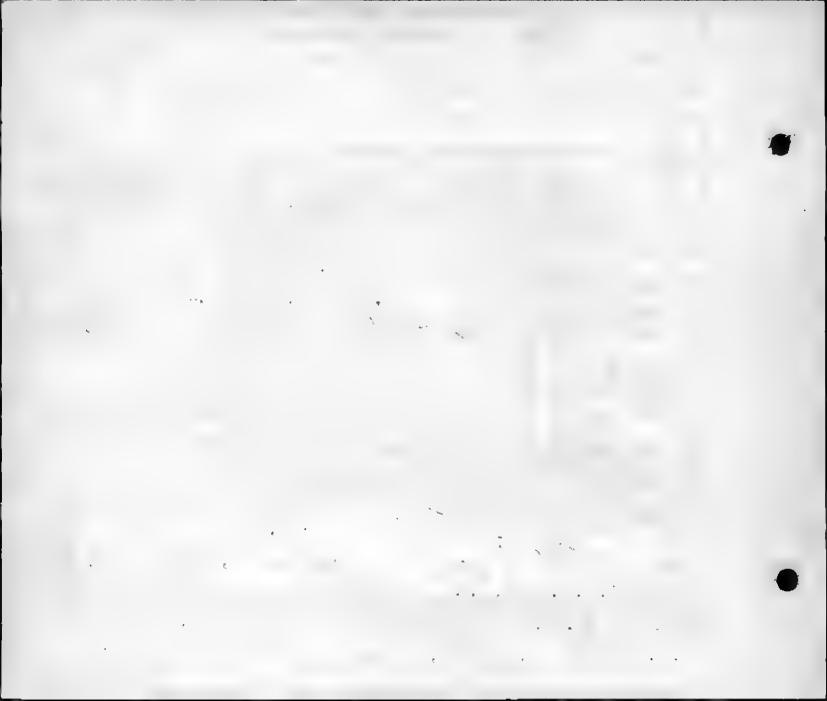
D FUNERAL XECTOR: After this certificate has been signed by the attending physician and campletely filled:

The page 3 shauld be detached for use as the buriol-transit permit. Then please repowe carbon papers. Pages I and 2 shauld be filled with the registrar prior to buriol, cremation, ar remayal, and in any event within 72 hours ofter death.

M

X

U



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13731

CERTIFICATE OF DEATH

| L | | 20.07 | | | | Reg. Dist. | No. | | | | |
|---|--|---|---------------------------------|--|-----------------------------|---------------------|---|--|--|--|--|
| | PLACE OF DEATH | | | 2. USUAL RESIDENCE (V | | | before admission) | | | | |
| | | ederick | MARYLAN | o. STATE Md | b. 0 | Fred. | | | | | |
| | b. CITY OR TOWN RURAL and give | (If outside corporate limits, | write c. LENGTH OF STAY IN | b c. CITY OR TOWN (IF | f autside corporate limits | | | | | | |
| | | yersville | 5 months | X rural | Myersvil | le | | | | | |
| | | ITAL (If not in haspital, give | street address) | d. STREET ADDRESS | | | e. IS RESIDENCE ON A FARM? YES X NO | | | | |
| - | NAME OF | | 424 (1) | | 4. DATE | | | | | | |
| | DECEASED (Type or print) | Thomas | Melton | Monroe, S. | of DEATH | Dec. 9, | 19 5 9 | | | | |
| : | 5. \$EX | | MARRIED NEVER MARRIED | | 9. AGE (| | YEAR IF UNDER 24 HR | | | | |
| | male | white w | IDOWED DIVORCED | July 19, 1 | 899 60 | | ays Hours Mill. | | | | |
| 1 | 10a USUAL OCCUPAT | ON (Give kind of work don rking life, even if retired) | e 10b. KIND OF BUSINESS OR IN | | • | 12.CITIZE | N OF WHAT COUNTRY | | | | |
| | | resident | steamship li | ne Washing | ton, D.C. | | | | | | |
| 1 | 3. FATHER'S NAME | - 15: 10 | | 14 MOTHER'S MAIDEN | | 20.21 | | | | | |
| | | Franklin Mo | nroe | | Violet | Lielton | | | | | |
| 1 | 5. WAS DECEASED EV | (If yes, give war or dates of service | S? 16. SOCIAL SECURITY NO. | INFORMANT | | Address | | | | | |
| L | yes | II WW I WW | 091-26-5663 | Helen Monro | e, Myersv | ille, Md. | | | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] | | | | | | | | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardiac Failure | | | | | | | | | | |
| 1 | 450.0 | | 5 Yes | | | | | | | | |
| 1 | Conditions, if ony, which) Generalized Arteriosclerosis | | | | | | | | | | |
| 1 | gove rise to immediate Couse (a), stating the under- | | | | | | | | | | |
| 1 | lying couse last. (c) | | | | | | | | | | |
| | PART II. O | | | | | | | | | | |
| | | 1coholism | | | | | YES NO | | | | |
| | 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF | AS UNDERLYING 201 G CAUSE OF DEATH Y MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY OCCU | RRED. (Enter nature of injury i | n Part 1 or Port II of iter | m 18.) | | | | | |
| | | Y MEDICAL EXAMINER) | | lk. | | | | | | | |
| | Y 20c. TIME OF INJU | | | PLACE OF INJURY (Home, far factory, street, office bldg., e | | (Cau | unty) (Stote | | | | |
| | ₹ p. m. | | White Nat while of work of work | | | | | | | | |
| 1 | 21. I certify t | hat I attended the de | eceased fram 12-8 | , 19.50 , to] | 12-9 . | 195 that I last | saw the decease | | | | |
| | alive anl | | , 12 <u>59</u> , and that de | _ | - | | | | | | |
| | | ma A | 7-101 | | ADDRESS (Street, city | or town, state) | DATE SIGNE | | | | |
| | ACTUAL SIGNATURE/ | harles & | 4. Hens | M.D. | | 12 | -11-59 | | | | |
| | | | | | - Cond | | | | | | |
| | PHYSICIAN'S NAME (Type) | Charles F. | Hess M.D. | Smit | thsburg, _ | id. | | | | | |
| - | 220. BURIAL, CREMATI | ON, 22b. DATE THEREOF | 22c. NAME OF CEMETER | Y OR CREMATORY | 22d. LOCATION (Cit | y, town, or caunty) | (State) | | | | |
| | REMOVAL (Specify | 12-15-59 | Arlington | Nat. Cem. | Ft. Myer | . Va. | | | | | |
| 1 | 23. FUNERAL DIRECTO | R'S SIGNATURE | ADDRESS | 24n RF | C'D BY REGISTRAR 2 | | | | | | |
| | Scott F | . Llinnich 8 | & Son, Smiths | burg, Md DATE | JEC 1 4 29 | CORONIO A. 1 | 8.00-10-m | | | | |
| | | | | | | | | | | | |

ofter death. Page 4 Filed & e funeral TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retailed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 35. He fune page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, or remayal, and in any event within 72 pages after death.

VS A15 (4) 15M 9/5B



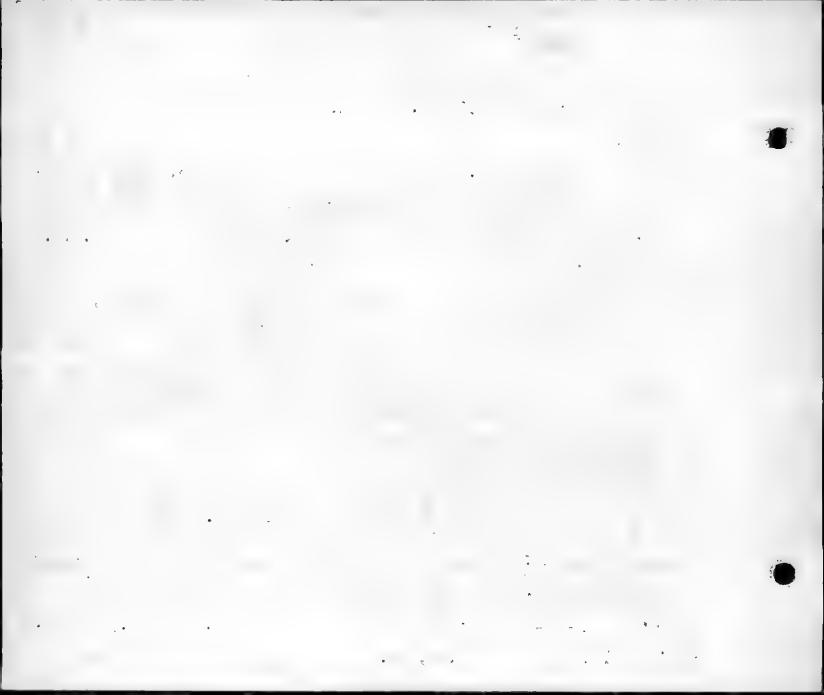
X

TO HOSPITAL STEENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 2 hours after death.

VS A15 (4) 15M 9/58

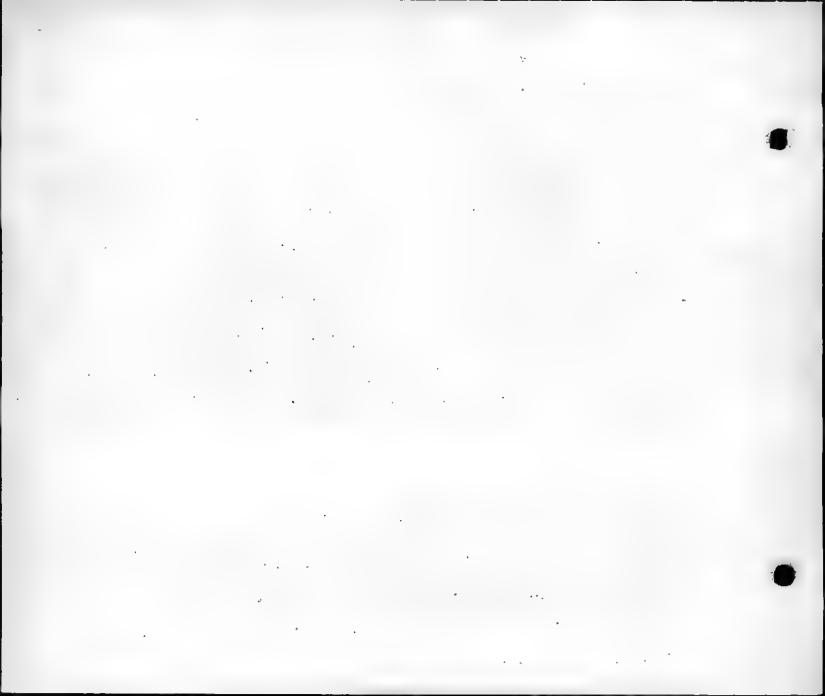
| | | 13732 | | | CERTI | FIC. | ATE O | F DEAT | H | | Reg. | Dist. No | . 1 | |
|-----------|--|---|--------------|-------------------|-------------------|---------------|--------------------|-----------------------------------|------------------------|---------------------------------|---------------------------------|--|-----------|--------------------|
| 3. | PLACE OF DEATH o. COUNTY | Frederic | k | | MARY | 'LAND | 2 USUAL o. STAT | F | here decease | d lived If inst | NITY | dence befo | | |
| | b. CITY OR TOWN (IF RURAL and give ned Thurmont | rural | | 50 | TH OF STAY | IN 1b | | or town (IF | | orote limits, wr | ite RURAL oi | nd give ne | arest tow | n) |
| | d. NAME OF HOSPITA OR INSTITUTION Own Hom | LL (If not in hospital, g | ive street | oddress) | | | d. STR | ET ADDRESS | | | | | | IDENCE FARM? |
| 3. | NAME OF DECEASED (Type or print) | John | | G. | Middle Morni | | tar | last | 4. DATE OF DEATH | Dec | Month 18 | Do | , | Yeor 19 59 |
| 5. | male | 6 COLOR OR RACE white | 7. MARR | _ | EVER MARRIE | | B DATE OF | BIRTH 16, | 1882 | 9. AGE (In your lost birthd | ors IF UND by) Month yrs. | DER 1 YEAR | Hours | ER 24 HRS Min. |
| 10 | USUAL OCCUPATION during most of working Harmer | N (Give kind of work in ng life, even if retired | done 10b | _ | BUSINESS O | | 1 . | THPLACE (SIO | _ | country) | 12.0 | | FWHAT | OUNTRY? |
| | FATHER'S NAME Philip Mo | rningsta | r | | | | 14. MOTI | er's maiden Unkr | | | | | | |
| 15. | WAS DECEASED EVER | IN U. S. ARMED FOR I yes, give war or dates of s | encical | social si None | ECURITY NO | | nformant 111p | Morn | ingst | ar ! | Address Phurm | ont, | RD | 1 |
| NOIT | 434,/ Conditions, if on gove rise to im couse (o), stoting t lying couse lost. | mediate (Bus to |) | CONTRIBU | TING TO DE | ATH BUT | NOT RELAT | ongo | WINAL DISEA | SE CONDITION | GIVEN IN F | | 19. WAS | AUTOPSY |
| CERTIFICA | 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOV | W INJURY O | CCURRE | D. (Enter no | ure of injury in | Port I or Po | rt II of item 18 | .) | | | NO Z |
| MEDICAL | 20c. TIME OF INJURY Hour o.m. p. m. | Month, Doy, Ye | While of wor | | CURRED while cork | | | JRY (Home, for office bldg., e | | y or fown) | | (County) |) | (Stote) |
| 72 | alive on Section Signature PHYSICIAN'S NAME (Type) Description of the section o | James K. | Gra | Ira Ira | | · | M.D. | hux | ADDRESS (| the causes Street, city or h | awn, stole) | the date | | d abave. re signed |
| B | REMOVAL (Specify) | 12-20-5 | 22 | Uti | CA CE | e me t | | | | rederi | ck Co | SIGNATU | Mar | yland |
| it le | aymond E. | Ureager | 11. | idi.IIIc | ont, l | TIU • | | DATE | C 2 2 19 | Q C | Jullar J | . / ((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | No. | |



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

| | | | | | | Keg. | DIST, NO. | |
|------------------------------------|--|-----------------------------|--|----------------|-----------------------|------------------------------------|---------------------------------------|---------|
| 1. PLACE OF DEATH | | | O STATE | DENCE (Who | | If institution Resid | dence before admissio | n) |
| F | rederick | MARYLAN | D | arvla | | | derick | |
| B CITY OR TOWN | (If outside corporate limits, write secrest town) | c. LENGTH OF STAY IN 1 | b c. CITY OR | TOWN (If o | itside corporate lim | nits, write RURAL on | nd give nearest town) | |
| Rural Mid | dletown | vears | X Rura | 1 Mic | idletown | 1 | | |
| d. NAME OF HOSPI OR INSTITUTION | ITAL (If nat in hospital, give stree | t oddress) | d. STREET A | DDRESS | | | e, IS RESID ON A F | ARM? |
| 3 NAME OF DECEASED | First | Middle | Las | it | 4. DATE OF | Month | Day Ye | or |
| (Type or print) | Della | May | Moser | | DEATH | 12 | 77 19 | 59 |
| 5. SEX | | RIED NEVER MARRIED | 8. DATE OF BIRT | Н | 9. AGI | (In years IF UND buthday) Month | ER TYEAR IF UNDER | |
| female | white widow | VED 🔀 DIVORCED 🗌 | 4/27/1 | 872 | | 87 yrs. Month | s Doys Hours | Min. |
| 10g. USUAL OCCUPATI | ON (Give kind of work done 10b | . KIND OF BUSINESS OR IN | DUSTRY 11. BIRTHPL | ACE (Stote of | or foreign country) | 12 (| CITIZEN OF WHAT CO | UNTRY? |
| housewi | 0 | own home | Marv | | | | II.S. | |
| 13. FATHER'S NAME | | | 14. MOTHER'S | MAIDEN N | AME | | | |
| Daniel | Marker | | Cynth | ia Bo | wman | | | |
| 15. WAS DECEASED EV | Of the same of the | SOCIAL SECURITY NO. | INFORMANT | | | Address | L | |
| (Yes, no. or unknown) NO | | none | Mrs. Har | гу на | irsnman, | Middle | town, Md | • |
| | ATH [Enter only one couse per | line for (o), (b) and (c).] | 1. | // - | +0.0 | | INTERVAL BETA | VEEN |
| PART I. DE | ATH WAS CAUSED BY: | with Conge | strong & | un | forele | ~~~ | 1 who | |
| 420.0 | DUE TO | 1 , 00 | L. | 1/2 | 41. | | / | |
| Conditions, if | | Alntscle | rove & | Har | dise | apl | unkno | wa. |
| gove rise to couse (o), stating | | | 11/1 | | . 10 | 2.0 | | 6. 19 |
| lying couse lost. | (1) | nealized | 1 arte | oro. | cero | | unem | |
| PART II. OT | HER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO | THE TERMII | NAL DISEASE CONI | dit on given in P | 'ART 1(0) 19 WAS AL PERFOR! YES | MED? |
| | AS UNDERLYING TO 206. DE G CAUSE OF DEATH Y MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCU | RRED. (Enter noture o | of injury in F | art I or Port II of i | tem 18.) | | |
| 20c. TIME OF INJU | | | PLACE OF INJURY (foctory, street, office | Home, form, | 20f. (City or tow | m) | (County) | (State) |
| Hour o.m. | 19 Of wo | e Not while | rociory, anext, orne | e bleg,, alc. | Ί. | | | |
| 21. I certify t | hat, I attended the decea | sed from 10/1 | 19.57 | 2 ta / 2 | 117 | . 1959 that I | last saw the de | ceased |
| alive an 12 | //7 . 19 | | | | | | the date stated | |
| | 1/ 500 | 1/ | , | | ADORESS (Speet, ci | | | SIGNED |
| ACTUAL | Jenne 16 (8 | Alluson | M.D. The | ida | letru | i mel. | 12/18 | 153 |
| | | | | | | | | |
| PHYSICIAN'S NAME (Type)D | r. Kenneth He | enson | | Midd | letown, | Md. | | |
| 220 BURIAL, CREMATIC | 4 - 4 4 4 | 22c. NAME OF CEMETER | Y OR CREMATORY | | 22d. LOCATION (| Lity, lown, or count | y) (Stote) | |
| Pull at | " 12/21/1959 | Grossnick: | Le Cemet | ery | Frederi | ck Co. | Ma | |
| 23. FUNERAL DIRECTO | - 0 | ADDRESS | | 24a. REC'I | BY REGISTRAR | 24b. REGISTRAR'S | SIGNATURE | |
| Gladhil | 1 Company, Mi | iddletown, 1 | ٧d. | DATE D | EC 21 '59 | Circhun | 1 S. Krand | |



VS A15 (4) 1SM 9/58 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1270K CERTIFICATE OF DEATH

| | | | | Keg. Dist | . 140. |
|--|-------------------|---|------------------------------------|-----------------------------------|---|
| 1. PLACE OF DEATH o. COUNTY Frederick | MARYLAND 2 | USUAL RESIDENCE (W | | | e before admission) erick |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Life | | | autside corporate limits, erick | write RURAL and gir | ve nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 117 East 7th Street | 1 | d. STREET ADDRESS | East 7th St | breet | e. IS RESIDENCE ON A FARM? YES NO |
| 3 NAME OF DECEASED (Type or print) William Arth | Middle | Nogle_ | 4. DATE OF DEATH DEATH | Month | Day Year |
| 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER | | DATE OF BIRTH | 9. AGE (In lost bir | n years IF UNDER I | YEAR IF UNDER 24 HRS |
| Male White WIDOWED DI | VORCED M | arch 10. 18 | 95 64 | thdoy) Months D | Days Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired) | NESS OR INDUSTRY | 11. BIRTHPLACE (Stote | ar fareign country) | 12 CITIZI | EN OF WHAT COUNTRY? |
| Ratired Steel Co. employee | | | km Maryland | 1 / U. | S.A. |
| 13. FATHER'S NAME | 1 | 4 MOTHER'S MAIDEN | | | |
| George W. Nogle | CTV NO INTER | Etta Bell | o Haugh | Address | |
| 1S WAS DECEASED EVER IN J. S ARMED FORCES? 16. SOCIAL SECURI (1985) 16. | | s. Pauline | Kline Nogle | | ick, Marylan |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), a PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate | nd (c).] | slesson plyseura | | | INTERVAL BETWEEN ONSET AND DEATH MULLIC 5 ye cers |
| couse (a), stoting the under- lying cause lost. (c) | | / | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | TO DEATH BUT NO | OT RELATED TO THE TERM | ninal disease conditi | ION G.VEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | IURY OCCURRED (| Enter nature af injury in | Part I or Part II of item | 18.) | |
| ZOc. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURR Haur a. m. While at wark at wark | for almost | OF INJURY (Hame, for y, street, office bldg , et | n, 20f. (City or tawn) | (Co | ounty) (State) |
| 21. I certify that I attended the deceased from Qualive an 1248 , 1954 , and ACTUAL SIGNATURE OF PHYSICIAN'S NAME (Type) Dr. James B. Thomas | pril hat death ac | | | ses and an the or town, state) | t saw the deceased date stated abave. DATE SIGNED 12-14-5 |
| REMOVAL (Specify) | F CEMETERY OR C | | 22d LOCATION (City | | (Stote) |
| Burial 12-15-1959 Mt. 0 | livet Cem | | Frederic | Marry lan | |
| | rick, Mar | | DEC 1 6 '59 | Calley S. | |



| | 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|---|---------|--|
| | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13706 Reg. Dist. No. 13700 |
| | | ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
| | | Frederick Maryland Maryland Frederick |
| | ' | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) |
| | | Frederick Life // Frederick |
| 2 | | NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? |
| | L, | Frederick Memorial Hospital II6 carver Apt. YES NO |
| | 3. | AME OF First Middle Last 4. DATE Month Day Year |
| | | ype or print) Larry L Proctor Death December 3 19 59 |
| | 5 | The state of the s |
| | | Male C WIDOWED DIVORCED January 29, 1949 10 yrs. Mpnths Doys Hours Min. |
| | 100 | USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) |
| | | Student Frederick, Md. U.S.A. |
| 1 | 13. | ATHER'S NAME 14. MOTHER'S MAIDEN NAME , |
| 7 | | William Proctor Ruth Represent Edwards |
| | | VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) |
| | , | No William Proctor, Frederick, Md. |
| | | B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bronchil *** Bronchi |
| | | DUE TO |
| | | Candilians, if any, which) (b) |
| | | gove rise to immediate couse |
| | | cause last. |
| | Z | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| | CATION | PERFORMED? YES 1 NO 1 |
| | Ĕ | Oa. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) |
| | CERTIF | AUSE OF DEATH. |
| | MEDICAL | Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) |
| | WED | Haur c, m. While Nat while factory, street, affice bldg., etc.) |
| | | 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🛣, Inquiry 🔀, and find tha |
| | | death resulted fram: Natural causes 🔝 Accident 🔲, Suicide 🗍, Hamicide 🗍, Undetermined cause 🗍. |
| | | / Olderenmied code []. |
| | | ACTUAL CHIEF MEDICAL EXAMINER (|
| Į | | ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER |
| | | EXAMINER'S BOThomoral To |
| | 220 | tourially dilada |
| | 1 | BURIAL CREMATION, 1226. DATE INTEREOF (State), REMOVAL (Specify) 12 - 4 - 9 (State), REMOVAL (Specify) 12 - |
| | 23. | UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE |
| | 1 | hATLES E, HICKS Frederick-Md DEC 8 '59 arily & King |
| | 1 | TATE OF THE PLANE TO BE COMMINED TO THE PLANE OF THE PROPERTY |



M

X

1)

Chain S. Krong

| | | 1373 | L | CERTIF | ICA | ATE OF D | EATH | ł | | Reg. Dist. | | Tott |
|---|--|---|--------------------|---|----------|---|------------------------|----------------------------------|--|-------------------|-------------------------------|--------------------------------|
| 1. | PLACE OF DEATH a. COUNTY Frede | erick | | MARYLA | UND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RD#2 4 Years | | | | | | _ | | | ote limits, write R ral RD#2 | | re nearest (| lown) |
| d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Baker Valley Road | | | | | | d STREET A | | Valley | Road | | 01 | RESIDENCE N A FARM? NO K |
| 3. NAME OF First Middle DECEASED (Type or print) AUGUSTA LOUISE | | | | | RAY | l | 4. DATE OF DEATH | Mor De | th ecember | Doy 12. | Yeor 19 59 | |
| 5 | sex Female | 1076-24 a | 7. MARRI WIDOWE | ED X NEVER MARRIED | | B. DATE OF BIRTH | | | P. AGE (In years last birthday) 5 yrs. | IF UNDER 1 | | |
| 100 | during most of work House- | | one 10b. I | At Home | INDUS | TRY 11. BIRTHPL | yland | or foreign co | untry) | 12. CITIZ USA | | AT COUNT |
| 13. | FATHER'S NAME | | | | | 14 MOTHER'S | MAIDEN N | AME | | | | |
| L | Benjamin | F. Shelton | | | - | | e R. | Biser | | | | |
| 15. (Ye | | R IN U. S ARMED FORG | | Unk | | orge F. | Ray | (Same | as item | | | |
| | | nmediate (DUSTO | T | e for (a), (b), and (c).) It stind Lett stat 1 Lett stat 1 | 01 Le | Atrice Carai | nim Nos | i state | Clin. | | INTERVAL ONSET A 1 (LA) | SETWEEN NO DEATH |
| CERTIFICATION | | ER SIGNIFICANT CON | XITIONS C | ONTRIBUTING TO DEAT | H BUT | NOT RELATED TO | THE TERMI | NAL DISEASE | CONDITION GIV | /EN IN PART I | PE | AS AUTOPS' REORMED? |
| 4 | 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | 206. DESC | RIBE HOW INJURY OC | CURREI | D. (Enter nature o | f injury in f | art I or Port | il of item 18.) | | | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Nat while of work of work 19 of w | | | | | | | | (Stot | | | |
| | actual SIGNATURE | at I attended the | -, 12 <u>5</u> | and that c | <u> </u> | occurred at | 7 P | M, from ADDRESS (St rket S | 1952, 1952, or the causes of reet, city or town, | and an the | date si | |
| 22 | BURIAL, CREMATION | N, 225 DATE THEREO 12–16–59 | | Mount Oli | | | У | 22d. LOCAT | ion (City, town, rick, Ma | or county) ryland | | State) |
| 23. | FUNERAL DIRECTOR'S M. R. Etch | | , Fre | ADDRESS ederick, Mai | ryla | and | | BY REGIST | | STRAR'S SIGN | | |

may be rei TO HOSPITAL VS A15 (4) 15M 9/55



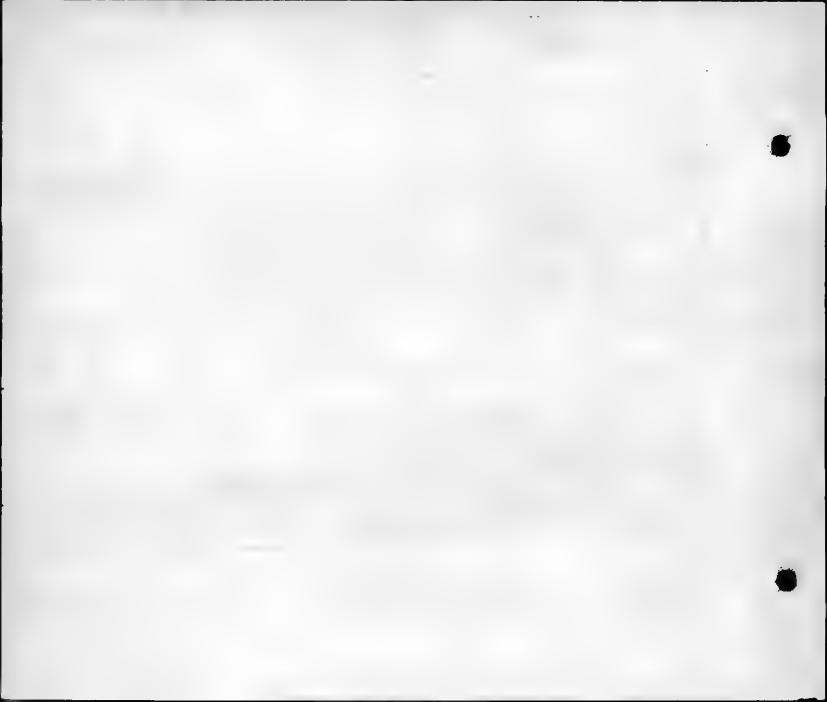
VS A15 (4) 15M 9/5S 06

13707

CERTIFICATE OF DEATH

Reg. Dist. No.

| k I | _ | | | | | | | | | | Madis mini | | |
|-----|---------------|--|-----------------|----------------------|-----------------------------|------------|-------------------|----------------|----------------|---------------------------------|---------------|-----------|------------------------|
| | 1. 1 | COUNTY | ederu | · k | М | ARYLAND | 2. USUAL RES | lary | land | lived, If institution by COUNTY | oni Residence | before od | lmission) |
| | t | CITY OR TOWN | (If outside cor | porote limits, write | C LENGTH OF S | TAY IN 1b | c. CITY OR | TOWN (IF | outside corpor | ote limits, write R | URAL and giv | e negrest | lown) |
| | | Flech | erick | | 1 1 a | au | x Rur | rl | F1 | ederi | ck | | |
| 7 | , , | OR INSTITUTION | 1 1 7 | hospilal, give stre | et oddress) | 1 | / d. STREET | ADDRESS | | | | 0 | RESIDENCE N A FARM? |
| ` | 3. 1 | NAME OF | | First | / Mi | ddle | lo | nst te | 4. DATE | Mon | th | Day | Yeor |
| | | DECEASED Type or print) | MAR | IAN | 7 | . 7 | RIPPE | O N | OF DEATH | Dec | | 4 | 1959 |
| | S. S | EX | 6. COLOR | OR RACE 7. MA | RRIED NEVER MA | ARRIED | B. DATE OF BIR | TH | , | AGE (In years | | YEAR IF U | NDER 24 HRS. |
| | | 7 | 1 u |) WIDO | WED DIVO | RCE D | July 8 | 1910 | | lost birthday) 4.9 yrs. | Months D | oys Ho | urs Min |
| | 10a. | . USUAL OCCUPAT | ION (Give kind | of work done 10 | 6. KIND OF BUSINE | SS OR INDE | STRY 11 BIRTH | LACE (Stole | or foreign co | untry) | 12. CITIZ | EN OF W | HAT COUNTRY? |
| | | House | -,) | , it remed) | own ho | me | m | arul | and- | | И | - 5.1 | A . |
| | 13. | FATHER'S NAME | 110 | | , | | 14. MOTHER | S MAIDEN N | NAME | | | | |
| | | Jyson | L I | legoni | ng | | Mar | ai | nerce | er | | | |
| | 15. ' (Yes | WAS DECEASEDEN | | RMED FORCES? | 6 SOCIAL SECURITY | NO 17. | INFORMANT | | O 4 | Add | ress | | |
| | | ne | | | V | ne | Wilm | er C. | Rippe | on Fr | ed. | R4 | met. |
| | | | • | | line for (o), (b), and | (cj.] | | | 1/ | 10 | | INTERVA | L BETWEEN |
| | | PART 1. DE | EATH WAS CAI | CAUSE (o) | Can | or | 200 | m h | 4 | fas. | 241 | GIVE A | |
| | | 199.2 | | DUE TO | 2. 0/ | (| | * | / | | | 0 | 71- |
| | | Conditions, if | | (6) | no | -1-12 | 30/ | 27 | | | | - | 170 |
| | | gove rise to couse (a), stating | | DUE TO | | 1 | | V | | | - | | / |
| | 7 | lying cause lost | | (c) | | | () | | | | | / | / |
| 0 | CATION | PART II. O | THER SIGNIFIC | ANT CONDITION | S CONTRIBUTING TO | DEATH BU | NOT RELATED T | O THE TERMI | INAL DISEASE | CONDITION GIV | 'EN IN PART 1 | PE | RFORMED? |
| | | 20- ACCIDENT | /45 114 IDEGLAN | 10 D 201 D | ESCRIPS NOW INTER | w occupa | Ph. III. A A | | 0-11-0-0-1 | U -4 'h - 18 h | | YES | □ NO □ |
| | L CERTIF | 200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF | G CAUSE C | OF DEATH AMINER) | ESCRIBE HOW INJUI | KT OCCURR | :D. (Enter noture | or injury in t | ront or ron | ii or irem io.) | | | |
| | MEDICAL | 20c. TIME OF INJL Hour a.m. | | | INJURY OCCURRED | 20e. Pi | LACE OF INJURY | (Home, form | 20f (City | or town) | (Co | unty) | (State) |
| | MEC | р. т. | | 19 Whi | le Not while ork ot work | _ | | | A 0 | | 1 | | |
| | | 21. I certify/ | that I atten | ded the dece | ased from | Pm: | 195 | 10 7 | Seg () | 4. 19.5 | trat I la | st saw t | he deceased |
| | | alive on | 201 | 19 | 5 Gland t | hat deaf | accurred a | 10:30 | P.M. fram | the causes o | and an the | date si | lated above. |
| | | | (1 -FA | 1 /2 | 1// | 1. 1 | 01 | | ADDRESS (St. | el city or town, | stole | 1 | DATE SIGNED |
| 1 | | ACTUAL SIGNATURE | 11/1 | 1.// | MAC! | 11 | M.D. | 2011 | 71/ | 2.2.6 | ke L | -11 | 065 |
| | | PHYSICIAN'S NAME (Type) | Ti | HN | ESS. | LE | 709 | In | 079 | Ponc | 11/ | m | d |
| | 220 | BURIAL, CREMATI | | TE THEREOF | 22c. NAME OF | CEMETERY C | R CREMATORY | | 22d LOCATI | ON (City, town, | or County) | (| Stole) |
| | | REMOVAL (Specif | 2 14/ | 8/59 | Ricky | Hil | e Cem | etern | Mr. | Wood | storo | | md |
| | 23. | FUNERAL DIRECTO | R'S SIGNATUR | € / | ADDRESS J | '2 | | 240. RES | D'AN BEGISTE | AR 24b REGI | STRAR'S SIGN | ATURE | |
| | 100 | J. C. Ba | erton | , let | elkeror | elle | . Wid | DATE | FA 0 0 | | 23. | , 0,000 | |

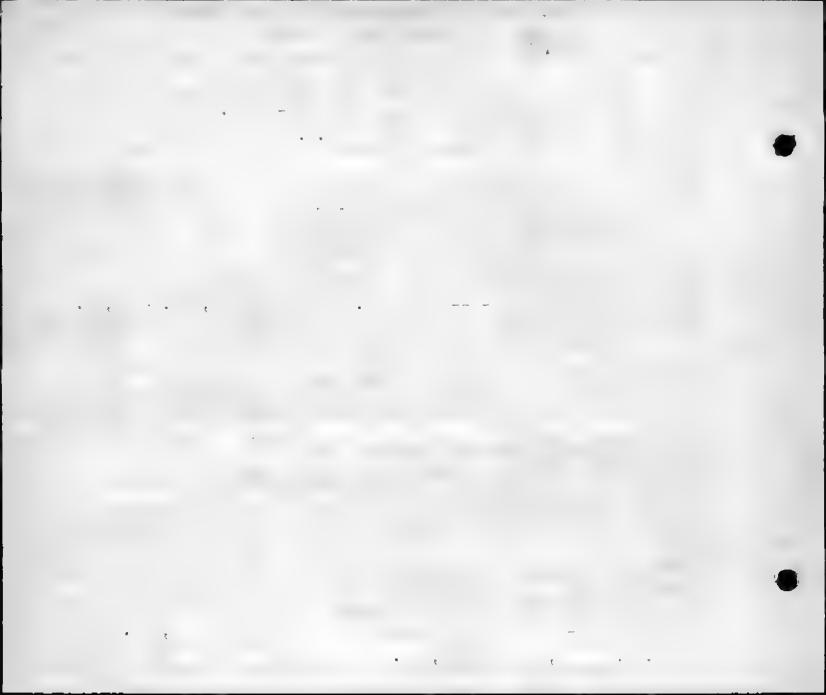


VS A1S (4) 1SM 9/SS N

| CERTIFICATE | OF | DEATH |
|-------------|-----------|--------------|
|-------------|-----------|--------------|

12700

| | 70100 | | | Re | eg. Dist. No. | | | |
|---|--|---|---|--------------------------------|--|--|--|--|
| П | 1, PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | | |
| 4 | Frederick | MARYLAND | Maryland b. COUNTY Frederick | | | | | |
| | b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) | ile c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside of | | | | | |
| | Frederick | 9 days | × Rural | Mt. Airy | | | | |
| | d. NAME OF HOSPITAL (If not in hospital, give store in | · · | d. STREET ADDRESS # 2 | | e. 15 RESIDENCE ON A FARM? YES X NO | | | |
| | 3. NAME OF DECEASED (Type or print) | Middle R | OC 3VN SKI 4. DA | ATH DCC | Dgy Year 1959 | | | |
| | + 7 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | MARRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 6-7-1896 | | UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min. | | | |
| | 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR IND | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| | during most of working life, even if retired) NOUSEWIFE | home | Austria | | Austria " | | | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | | | | |
| | John Danel | iuk | Mary Baby | ch | | | | |
| - | | 16. SOCIAL SECURITY NO. 17. | INFORMANT | Address | | | | |
| | (Yes, no, or unknown) (If yes, give wer ar dates of service) | | irs. Rodman Rig | hter, Mt. | Airy, Md. | | | |
| | 18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | er line for (o), (b), and (c). | hemovihage | , | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | L 4-3 X DUE TO | (with hem | i clegia les | (-) | | | | |
| | gove rise to immediate case (a), stating the under- | Hupertensi | re Cardio-Vas | cular disco | ise 201/Ears | | | |
| | PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OLONG OF DEATH UTIF EITHER, NOTIFY MEDICAL EXAMINER | NS CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMINAL DI | EASE CONDITION GIVEN I | IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO | | | |
| | | DESCRIBE HOW INJURY OCCUR | ED. (Enter nature of injury in Part I o | Port II of item 1B.) | | | | |
| | Hour o.m. | Od. INJURY OCCURRED 20e. (/hile Not while work | PLACE OF INJURY (Home, farm, 20f. actory, street, office bldg., etc.) | (City or town) | (County) (State) | | | |
| | 21. I certify that I attended the dec | eased from DCC | 1959, ta Dec. | X 1954 H | nat I last saw the deceased | | | |
| | alive an 100 1 | 1254_, and that deat | h accurred at 9:30 HM. | from the causes and | on the date stated above. | | | |
| | ACTUAL SERVERS (1) | Hima on | | S (Street, city or town, state | | | | |
| | PHYSICIAN'S PEYMARY 8.7 | homas Isr. | Freder | ick, 1/14 | | | | |
| | 220. BURIAL, CREMATION, 226. DATE THEREOF | 22c. NAME OF CEMETERY | OR CREMATORY 22d L | OCATION (City, town, or co | ounty) (State) | | | |
| | BURIAL 12-11-195 | 59 Lingano: | re Ur | ionville, | Md. | | | |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a, REC'D BY RI | GISTRAR 246. REGISTRA | R'S SIGNATURE | | | |
| | C. M. Waltz, V | Winfield, Md. | DATE DEC 1 | 1 59 Chillian | in S. Thomas | | | |



| 3735 | CERTIFICATE | OF DEAT |
|------|-------------|---------|
| | | |

TH

| | 3 2 7 2 5 | | | • | Reg. Dist. No. |
|--|--|--------------------------|---|------------------------------------|---|
| 1 PLACE OF DEATH | | | 2. USUAL RESIDENCE (WH | ere deceased lived. If institution | n: Residence before odmission) |
| . COUNTY Fred | erick | MARYLAND | o. STATE Maryl | and b. COUNTY | Frederick |
| b. CITY OR TOWN (If outsing RURAL and give nearest | | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate limits, write RU | RAL and give nearest town) |
| Knoxville | iown) | years | X Knoxvil | le | |
| d. NAME OF HOSPITAL (IF OR INSTITUTION | not in hospital, give street | address) | / d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED | First | Middle | Lost | 4. DATE Month | h Day Year |
| (Type or print) | Barbara | E | Rohrback | DEATH 12 | 2 15 19 59 |
| 5 SEX 6. C | OLOR OR RACE 7 MARE | RIED NEVER MARRIED | 8 DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR |
| female | white widow | ED 📆 DIVORCED 🗌 | 1/1/1879 | 80 yrs | Manths Days Hours Min |
| 10a USUAL OCCUPATION (G during most of working li | ve kind of wark done 10b. | KIND OF BUSINESS OR IND | USTRY 11 BIRTHPLACE (Stote | or foreign country) | 12 CITIZEN OF WHAT COUNTRY |
| housewi | | own home | Pennsy | lvania | U.S. |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIDEN N | | |
| Jacob Wa | aters | | Frances | Owens | |
| IS, WAS DECEASED EVER IN I | I. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. | INFORMANT | Addre | |
| Yes, no, or unknown] [If yes, | give war or dates of service) | none J | esse Rohrba | ck, Knoxvill | e, Md. |
| PART I DEATH W | Enter anly one cause per li AS CAUSED BY. EDIATE CAUSE (a) | cute Comps | time Hent ; | Failure | INTERVAL BETWEEN |
| 4 . | DUE TO | XP OF | 1 7. 11 | +0 | 7 |
| Conditions, if any, w | | N 40-5 | cleronit | CAN DUNG | |
| gove rise to immed couse (o), stating the un | | | | | |
| lying cause lost. | (c) | | | · | |
| PART II. OTHER SI | GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | IT NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVE | IN IN PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO |
| 1 1 | AUSE OF DEATH | CRIBE HOW INJURY OCCURR | ED. (Enter nature of injury in | Part I or Part II of (tem 18.) | |
| 9 1 | | | LACE OF INJURY (Hame, farm octory, street, office bldg., etc | | (County) (State |
| Hour a.m. | 19 While at war | k at wark | ociory, street, orrice drag,, etc | 1 | |
| 21. I certify that I | attended the deceas | ed from 13/2-7/ | 54 19 to /2 | 415 1691 | hat I last saw the decease |
| alive on 17/15 | 7 19. | · | h occurred at 5110 | 100.1 | d on the date stated above |
| 1-11-0 | NA. | 14_ | Approx. | ADDRESS (Street, city or town, s | A |
| ACTUAL SIGNATURE | 18/ MIL | Me | MD STUIN | DWYK. Md | 1 12/15/121 |
| PHYSICIAN'S NAME (Type) D: | william | B. Carpente | n | 7 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 2b DATE THEREOF | 22c. NAME OF CEMETERY | | 22d LOCATION (City, town, a | r country (Shat-1 |
| burial (Specify) | 12/17/1959 | | | | derick Co., M |
| 3. FUNERAL DIRECTOR'S SIG | NATURE | ADDRESS | | | TRAR'S SIGNATURE |
| Gladhill | Company, M | iddletown, 1 | id. DATE | DEC 2 1 '59 C | wing & Kings |

TO HOSPITAL STEENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 67. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

2fter death Page 4

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VS A1S (4) 15M 9/58



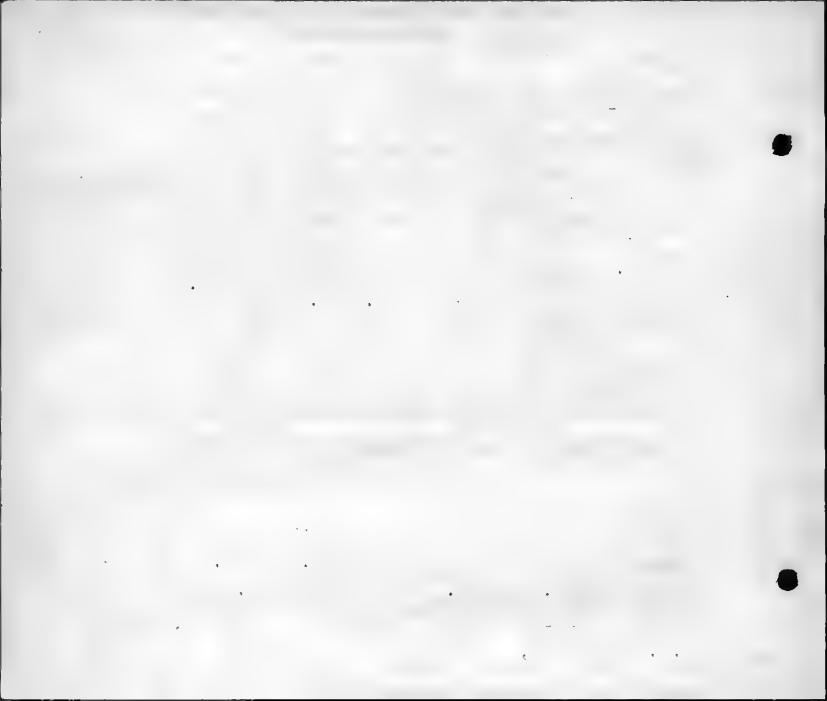
| - | | | 13736 CERTIFICA | | | EATH | Reg. Dist. No. | | | |
|--|---|---|---|--|--|------------------------------|---|--|--|-----|
| | b. CITY OR TOWN (If outside corporate limits, write RVRA) and give nearest found RD#7 | | | MARYLAND | | ence (Where deco | eased lived. If instituti b. COUNTY | | | |
| | | | | c. LENGTH OF STAY IN 16 2 Months | | | | | | |
| | E | d. NAME OF HOSPITAL OR INSTITUTION Chu | (If not in hospital, give stri rch Road (Pr | eet address) ivate home; | / d. STREET A | DRESS LL East I | hird Stree | e. IS RESIDENCE ON A FARM? YES NO XX | | |
| | | NAME OF DECEASED (Type or print) | First BARBARA | | SHIFLE! | 4. DA | | ecember | 28, 1959 | |
| | 5. | Female 6. | 1075-2 L _ 1 | ARRIED NEVER MARRIED DIVORCED DIVORCED | 9 Feb 1 | | 9. AGE (in years lost birthday) (O yrs. | Months Days | R IF UNDER 24 HR Hours Min. | 5_ |
| | 10a | USUAL OCCUPATION during most of working HOUSE-WOI | (Give kind of work done 1 life, even if retired) IC | Ob. KIND OF BUSINESS OR IND At Home | | | on country) punty Maryl | | OF WHAT COUNT | R¥: |
| | 13. | John W. S | ensenbaugh | | | maiden name da Hoovet | | | | |
| 1 | | | U. S. ARMED FORCES? | | informant es. Ima S | . Millen, | Union Bri | | yland | |
| | W) | Conditions, if any, gove rise to imm cause (a), stating the lying cause last. | edigte under- DUE TO (c) | CORRECTION CONTRIBUTING TO DEATH BL | Pane . | CCC21 | SEASE CONDITION GIV | (| PERFORMED? | |
| | MEDICAL CERTIFICATION | 20a. ACCIDENT WAS U OR CONTRIBUTING D (IF EITHER, NOTIFY ME | Month, Day, Year 20a | | ED. (Enter nature al PLACE OF INJURY () actory, street, office | fome, farm, 20f | Part II of item 18.) (City ar tawn) | (Count) | YES NO C | |
| , | | 21. I certify that alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Ber | I attended the dece | eased from Little 251, ond that death of the control of the contro | h occurred at 228 1 | 1:20A M. (ADDRESS No. Market | 1. | and an the d | saw the deceasone stoled obour DATE SIGN | VE |
| | | BURIAL, CREMATION, | 12-31-59 | Rose Hill Co | emetery | Ha | ocation (City, tawn, agerstown, | Maryland | | |
| The state of the s | 23. | M. R. Etchi | son & Son, F | rederick, Mary | Land | DATE DEC 3 | | STRAR'S SIGNATI | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be rest to by the hospital or attending physician.

TO FUNERAL MECTOR: After this certificate has been signed by the ottending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, at removal, and in any event within 72 hours ofter death.

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VS A15 (4) 15M 9/55



Brunswick, Maryland

VS. A15ME(5) 5M 9/55

24b. REGISTRAR'S SIGNATURE JAN 4 Chilling & House DATE

Reg. Dist. No.

Frederick

Day

Days

U.S.A.

e, IS RESIDENCE ON A FARM?

YES I NO TO

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN DINSET AND DEATH

YES 🗍

(County)

Minutes

PERFORMED? NO []

DATE SIGNED

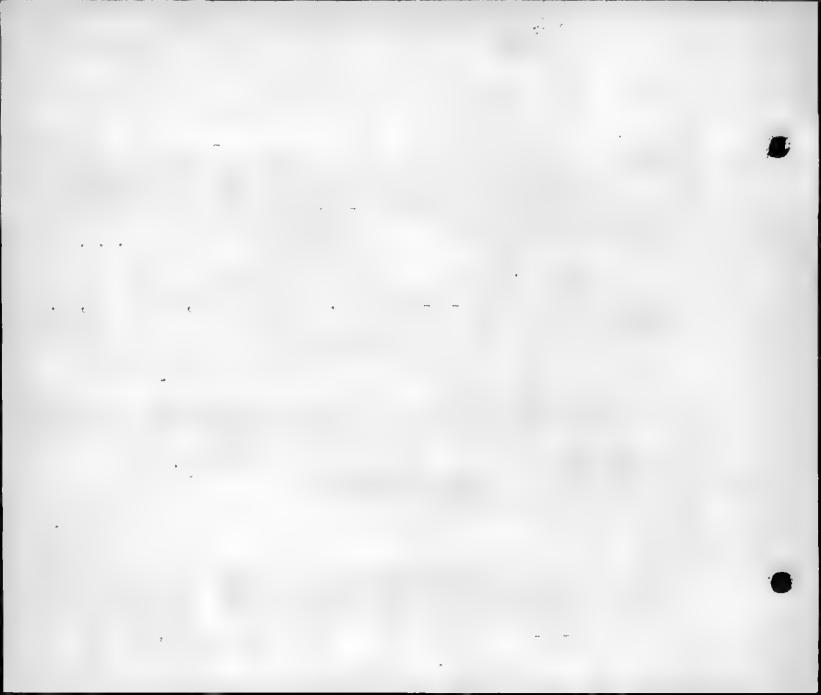
12/27/1959

(Stote)

(Stote)

1959

Min.



CERTIFICATE OF DEATH

arthur S. Kraus

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR4INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED ☐ NEVER MARRIED ☐ Months Days Hours WIDOWED [yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? Address 16. SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one couse per lipe for (a), (b), and (c) INTERVAL SETWEEN PART I DEATH WAS CAUSED BY: allus IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 1924, that I last saw the deceased 21. I certify that attended the deceased from alive on ond that death accurred at_ _M, from the couses and on the date stated above. ADDRESS (Street, city of town. ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d LOCATION (City, town, or county) 220 SURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

DATE

pup .⊆ Filled campletely papers. puo ofter physician ottending edse paubi moy be reto to the y the Seuveral Prince of Funeral Director: 3 should be registror page 0

director, iled with

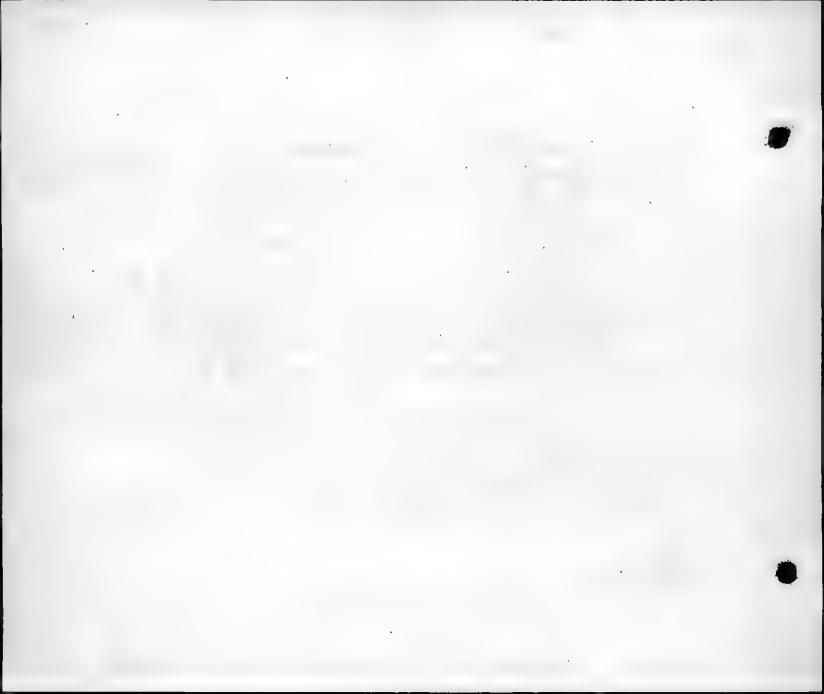
funeral

filed

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2 should a

VS A15 (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 13709 director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) . COUNTY Frederick filed Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick 8 Years Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 131 East Sixth Street 131 East Sixth Street YES NO. NAME OF DECEASED First Middle 4. DATE Lost Yeor filled JESSE BROWN SPANGLER DEATH 27, 1959 (Type or print) December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH birthday) 27 Jan 1907 Malle White DIVORCED | WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Detective Agency Floyd County Virginia IISA pup 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME g physician remove corb Roseabelle Spangler James E. Spangler hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO or unknown Mrs. Bonnie R. Spangler (Same as item #1) 212-24-5453 attending p within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY requires that the IMMEDIATE CAUSE (o) 420.1 DUE TO þ Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) [County] (State) factory, street, office bldg, etc.) Hour o.m. Not while of work of work 12-27 19.52 that I last sow the deceased 21. I certify that I attended the deceased from. and that death occurred at 12:20AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 220 N. Market St. 29 Dec 1959 Frederick, Md. PHYSICIAN'S NAME (Type) Rex R. Martin, M. D. C

22c NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

22d LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

DATE DEC 3 0 '59

Frederick, Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Frans

0 VS A15 (4) TIIM 9/55

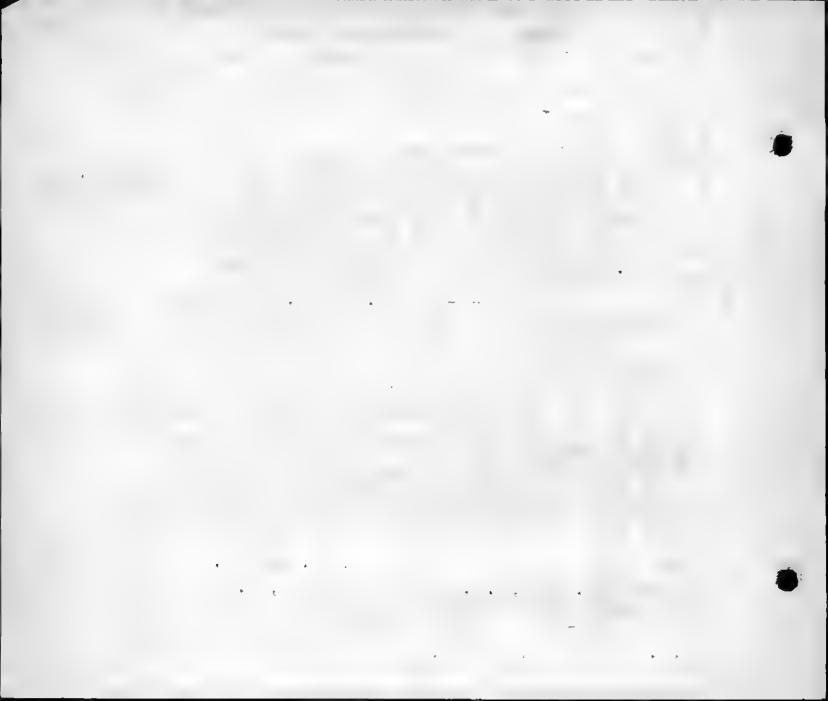
220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

1.2-30-59

M. R. Etchison & Son, Frederick, Maryland

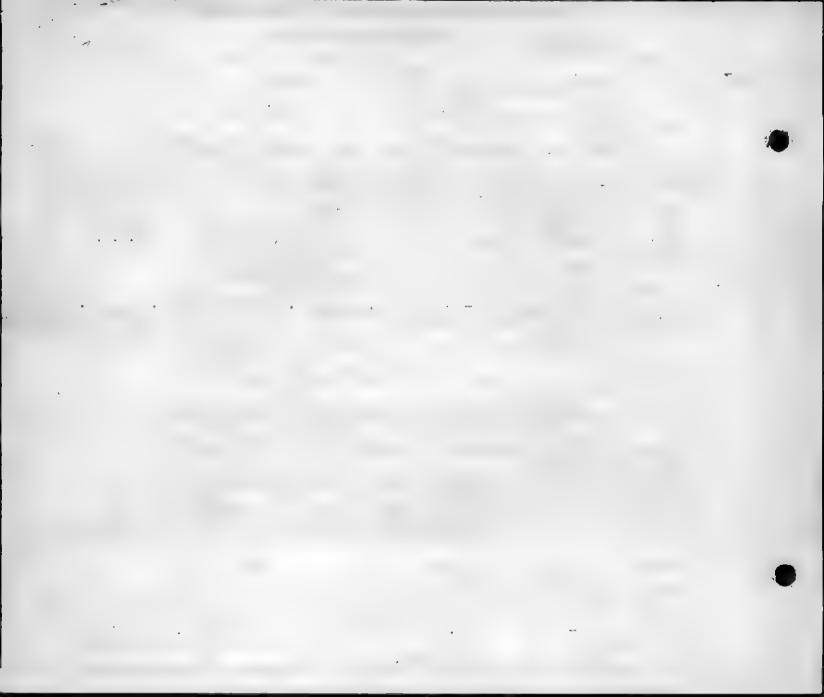
BILL (Specify)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



| 40 | | | MARYL | AND STATE DEF | PARTME | NT OF HEALTH | -BALTIMO | ORE, 18 | | 1371 |
|--|----------------|--|---|--|----------------------|---|------------------------------|-----------------|--------------------------------|------------------------------------|
| | | | 13710 | CER | TIFICAT | E OF DEATH | 4 | Re | eg. Dist. No. | Toer |
| M | 1. PLA G. C | CE OF DEATH OUNTY | ederick | M/ | RYLAND | USUAL RESIDENCE (WOOD, STATE | , h | COUNTY . | Residence before o | |
| | Ь. C | ITY OR TOWN (IF URAL and give nee | outside corporate limits, | write c. LENGTH OF ST | AY IN 16 | c. CITY OR TOWN (IF | | its, write RURA | L and give neares | town) |
| 017 | d. 1 | OR INSTITUTION | al (If not in hospital, givederick Mem | e street oddress) orial Hospita | al | d. STREET ADDRESS | est 12th S | Street | 1 | S RESIDENCE ON A FARM? ES NO |
| | 3. NAI | ME OF EASED e or print) | fint | lele | 20 | lost | 4. DATE OF DEATH | Month / ^ | Day | Year 19:54 |
| | S. SEX | 'emale | | 7. MARRIED NEVER MA | | DATE OF BIRTH | 9. AGE | birthday) M | UNDER I YEAR IF | |
| death. | 100. U | SUAL OCCUPATION of works | N (Give kind of work doing life, even if retired) Department | Store | S OR INDUSTR | 11. BIRTHPLACE (Stote Frederick | or foreign country) Maryland | | 12. CITIZEN OF V | VHAT COUNTR |
| \$ - K | 13. FAT | HER'S NAME Edward | Lewis | | | 14. MOTHER'S MAIDEN I | Jessnell | | | |
| 72 Podurs | | S DECEASED EVER | IN U. S. ARMED FORCE If yes, give wor or dates of serv | 16. SOCIAL SECURITY | | Austin A. | Summers | Address | 12th St | . Frede |
| then please | 19. | | TH [Enter only one coust H WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO | the per line for (o), (b), and | ole C | Garen | iene | | OWSET | AL SETWING AND DEATH |
| din ony e | 9 0 | conditions, if an ave rise to impesse (a), stating this ring couse lost. | y, which (b)_ | Care | nen | (Ce_ CS | vary | | 12 | 24, |
| adval, an | CATION | PART II. OTH | | ITIONS CONTRIBUTING TO | DEATH BUT NO | OT RELATED TO THE TERM | INAL DISEASE COND | ITION GIVEN | P | WAS AUTOPSY ERFORMED? |
| or re- | | | LI CAUSE OF DEATH MEDICAL EXAMINER) | 06. DESCRIBE HOW INJURY | OCCURRED. | Enter noture of injury in | Part I or Part II of its | em 1B) | | |
| emario de la compansión | WEDICAL 20x | TIME OF INJURY Hour o. m. p. m. | Month, Doy, Year | 20d. INJURY OCCURRED While of work of work | 20e. PLACI fector | OF INJURY (Home, form y, street, office bldg., etc | 20f. (City or town | 1) | (County) | (Stole |
| burial, c | 1 1 | . I certify the | at Lattended the c | 17 | at death a | ccurred at | ADDRESS (Street, city | causes and | nat I last saw an the date: | |
| rar prior te | SIG | TUAL SNATURE YSICIAN'S LAME (Type) | 4 7 3 | BRICE | M.1 |) Jeg | ffire | soul | / | 176/ |
| page 3 shau the registrar | 22o. Bi | IRIAL, CREMATION | 22b. DATE THEREOF | 22c NAME OF C | EMETERY OR C | | 22d. LOCATION (C | | ryland | (Stole) |
| | 22 510 | NERAL DIRECTOR'S | CICAVATURE | ADDRESS | | | | | R'S SIGNATURE | |



M.

T.

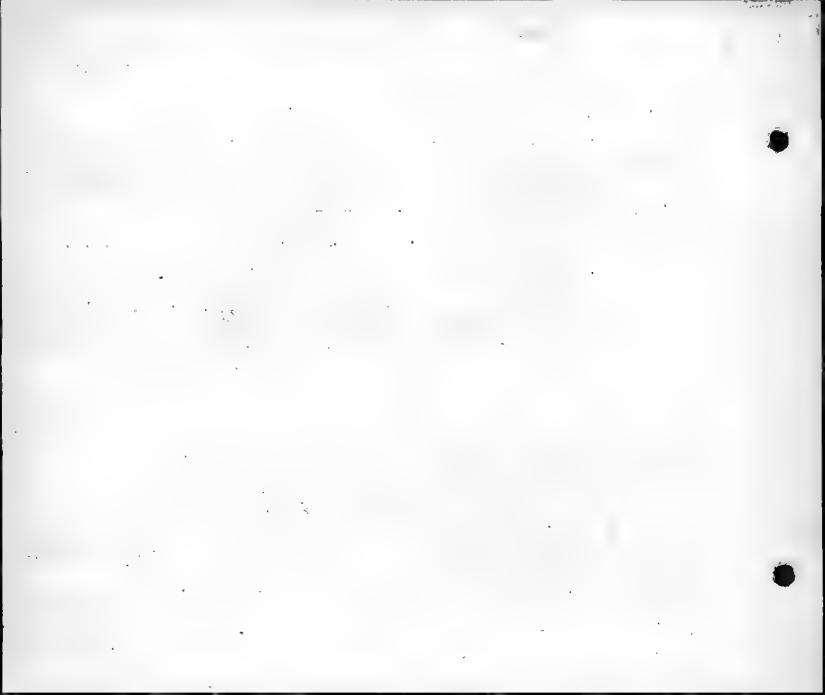
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| ARYLANI |) STATE DEPARTMENT OF HEALTH—BALTIM | ORE, 18 |
|---------|---|--|
| 713 | CERTIFICATE OF DEATH | 13711 Reg. Dist. No. |
| | 2 USUAL RESIDENCE (Where deceased lived | If institution Residence before admission) |

| | | | | | • | Reg | , Dist. No. | |
|--|---|--|--|-------------------------------|------------------------|---------------------|------------------|------------------------|
| PLACE OF DEATH o. COUNTY | Frederick | MARYLAN | 2 USUAL RESI | Mar y1 | ere deceased lived | If institution Res | ederic | K K |
| b. CITY OR TOWN (I RURAL and give no | lf outside corporate limits writed rest town) | | c. CITY OR | TOWN (If or | utside corporate li | mits, write RURAL o | and give nearest | lown) |
| Brunsw | | Life | The state of the s | swick | | | | |
| OR INSTITUTION | AL (If not in hospital, give str | | d. STREET | | | | 0 | RESIDENCE N A FARM? |
| | 11 Terrace | | | | Co Avel | lue | 16. | , 🖂 MO 🐯 |
| NAME OF DECEASED (Type or print) | First Marion | Middle | Talbott | fa [†] | 4. DATE OF DEATH | Month 12 | 20 | Year 19 5 Q |
| SEX | All and a second | ARRIED NEVER MARRIED | | Н | 79. AC | | IDER 1 YEAR IF U | |
| Male | | OWED DIVORCED | | | los S | birthday) Mont | ths Doys Ho | urs Min, |
| . USUAL OCCUPATIO | | Ob. KIND OF BUSINESS OR IN | | | or foreign country | 12. | CITIZEN OF WHA | AT COUNTRY |
| Clerk | | Restaurant | Mar | yland | | | U.S.A | |
| FATHER'S NAME | | | 14. MOTHER'S | MAIDEN N | AME | • | | |
| | Henry Talk | | | Min | nie Ho | oltman | | |
| | R IN U. S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | INFORMANT | | | Address | | |
| No | | - | Lawrence | Talb | ott-Bri | mswick, | Marvla | nd |
| Conditions, if a gove rise to i couse (o), stating lying couse lost. | mmediate (| | | - | 5,000 | | _ | |
| PART II OTH | HER SIGNIFICANT CONDITION | NS CONTRIBUTING TO DEATH | BUT NOT RELATED TO | O THE TERMIN | NAL DISEASE CON | IDITION GIVEN IN | PE | AS AUTOPSY REORMED? |
| (IF EITHER, NOTIFY | AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCU | RRED. (Enter noture o | of injury in P | ort I or Port II of | (fem 18.) | | |
| 20c. TIME OF INJUR Hour o. m. p. m. | - W | d. INJURY OCCURRED 20e nile Nat while wark at work | PLACE OF INJURY foctory, street, office | (Home, form, e bidg., etc. | 20f (City or to | wn) | (County) | (Stote |
| 21. I certify the alive an ACTUAL SIGNATURE | at I attended the dec | 149 | ath accurred at | | | _ | the date sto | |
| PHYSICIAN'S NAME (Type) | J.G.F.Smith | 1 | and the life the star day | Brun | swick, | Md. | 12/ | 21/59 |
| O. BURIAL, CREMATIO | | 22c. NAME OF CEMETER | Y OR CREMATORY | | 22d LOCATION | City, town, or cour | nty) | Stote) |
| Burial | 12-22-1959 | Park Hei | ghts | | Bruns | wick, Mar | ryland | |
| FUNERAL DIRECTOR | 'S SIGNATURE | ADDRESS | | 240. REC'D | BY REGISTRAR | 24b. REGISTRAR | | |
| 1 100 FITT | Brunsv | vick, Marylan | d | DATIDICO | 2 2 '59 | arthur | 0 K. | |
| NO . PRIVE LAT. S. Plus | ✓ | | | , | 6 6 74 | 1 Linus | A CLARELLE | |

TO HOSPITAL ATTENDED ENTRYSICIAN: The law requires that the death certificate be executed within III hours after death. Page 4 moy be reft by the laspital or ottending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayol, and in any event within 72 hours after death.



CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Frederick Frederick b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Years Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM L East Church Street Frederick Memorial Hospital YES NO NAME OF Middle 4. DATE Lost DECEASED OF DEATH December THOMAS MARY EDITH (Type or print) 9, AGE (In years lost birthdoy) 70 yrs. 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Davs Hours June 3, 1881 White DIVORCED | Female WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA Dr. Office Secretary 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lauretta E. Schaeffer Cephus M. Thomas IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 707 Brood Road. Mrs. Ruth T. Maisel, Baltimore 29. Maryland No 18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX NO 20a. ACCIDENT WAS UNDERWING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc. o. m. While Not while ot work ol work 21. I certify that I attended the deceased from and that death accurred at 10:05AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE MD Professional Building PHYSICIAN'S NAME (Type) Frederick, Maryland Charles H. Conley.

220. BURIAL, CREMATION, 226. DATE THEREOF Burial (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

Dec.26.1959

Mount Olivet Cemetery

Frederick. 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR

22d LOCATION (City, town, or county)

erol director, be filed with

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physicion

requires that the death certificate

TO FUNERA

VS A1S (4) ISM 9/SS

death.

ofter

POULS

death.

24 hours

ADDRESS M. R. Etchison & Son, Frederick, Maryland

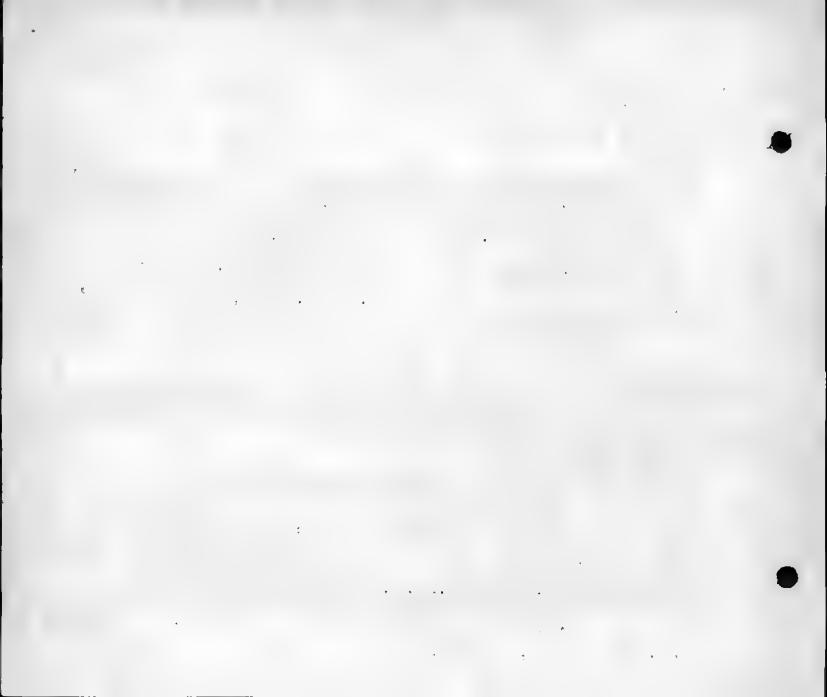
22c. NAME OF CEMETERY OR CREMATORY

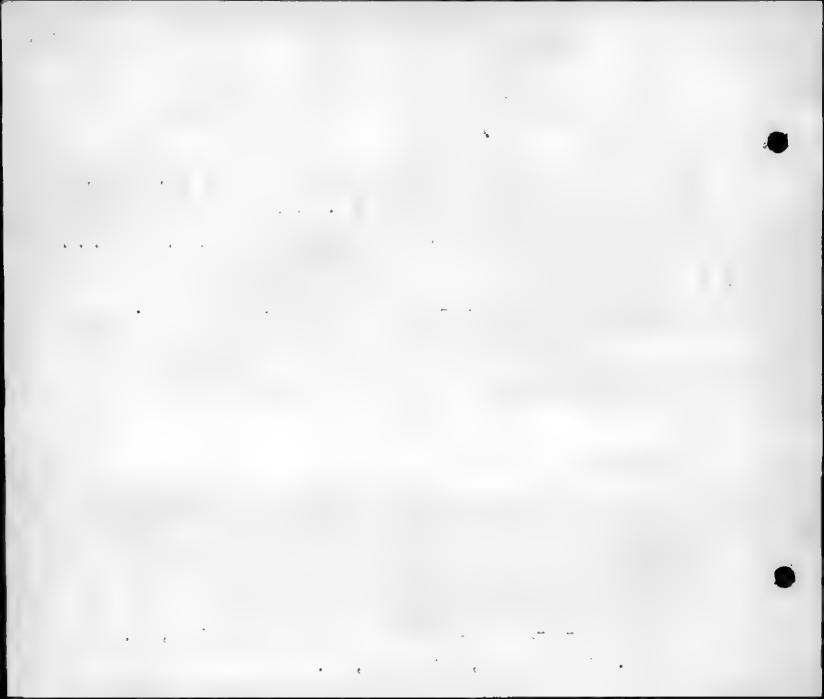
DATE DEC 2 8 159

arthur & House

(Stote)

Maryland





CERTIFICATE OF DEATH

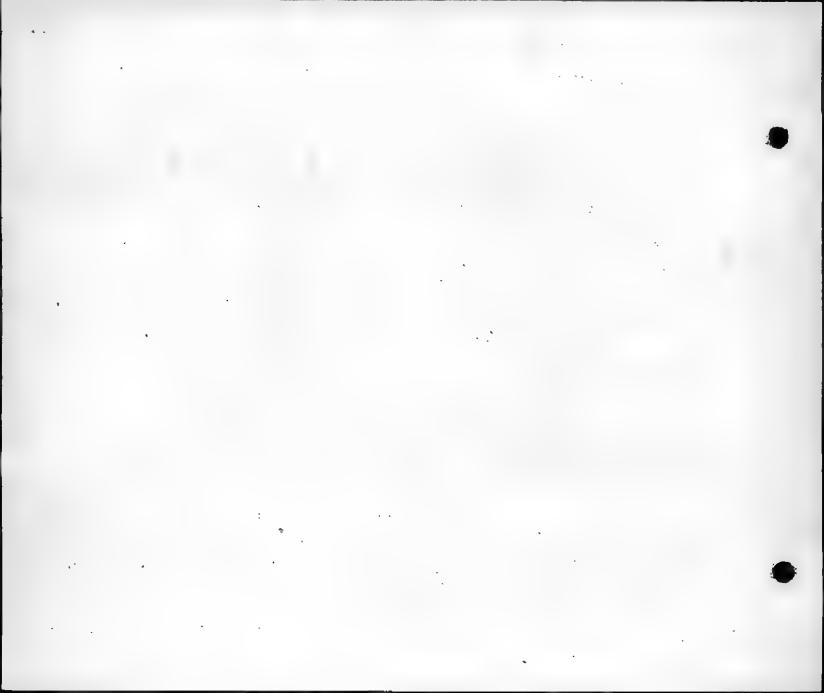
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| | L_ | 10141 | AIE OI DEAIII | Reg. Dist. No. |
|---|-------------|--|---|--|
| | | COUNTY REPLECTED MARYLAND | 2 USUAL RESIDENCE (Where decease o. STATE | b COUNTY C |
| | ŀ | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A A R KET 3C FRS | c. CITY OR TOWN (If outside corp | corote timits, write RURAL and give nearest town) |
| | | NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? YES NO |
| | 1 | NAME OF DECEASED Type or print) Middle Midd | ARTHE 4. DATE OF DEATH | Month Day Year December 16 1959 |
| | 5. 5 | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. |
| F | 5 | MALE WHITE WIDOWED DIVORCED | FEB 10-1872 | g 7 yrs. |
| \ | 10a | USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU during most of working life, even it retired) | STRY 11 BIRTHPLACE (State or foreign | country) 12.CITIZEN OF WHAT COUNTRY? |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| / | | JOHN SOUMBERGER | SARAHSI | TIPLEY |
| | 15. [Yes | WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service) | MS H.BERNARD | Address SELBY A FUNNARKET |
| | | 18. CAUSE OF DEATH [Enter only one couse per lige for (a), (b), and (c).] | / | INTERVAL BETWEEN |
| | | PART I. DEATH WAS CAUSED BY. AV FEV 10 SCLEVE | Fic Cardioves | cular Disease 24ears |
| | | 4 · · · DUE TO | | |
| | | Conditions, if ony, which) (b) | | |
| | | gave rise to immediate couse (a), stating the under- | | |
| | | lying couse last. (c) | | |
| , | CATION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | FNOT RELATED TO THE TERMINAL DISEA | SE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO |
| | CERTIF | 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D (Enter noture of injury in Part I or Pa | irt (f of item 18.) |
| | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at work 4 | ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) | ly or town) (County) (State |
| | | 21. I certify that I attended the deceased from Octobe | 1 1957 10 Deca | that I last saw the deceased |
| | | alive an NOV 24, 1959, and that death | accurred at 4 DM, from | the causes and an the date stated above |
| | | 1.000 | | Street, city or town, state) DATE SIGNER |
| , | | SIGNATURE (US) CULLUCLY | M.D. nette | ery ned 12/10/59 |
| 1 | | PHYSICIAN'S WB, Culwell | pages of the control | |
| | 220 | BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY CORNEL (Specify) DEC/3-1959 PLEASE UT | 14: 67 15 4: 4: | ATION (City, tawn, or county) (State) |
| | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24g. REC'D BY REGIS | - 4 - |
| | 11/ | 11. to . B Toll notice him | 6. 4 Well DATE DEC 17 | 159 all Thous |

ofter death. Page 4 re funeral director, in the funeral dire

M

YS A15 (4) 15M 9/5B



Pages I and 2 shauld be filed with after death. Page 4 e funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. TO HOSPITAL ATTENDING PHYSICIAN: The taw requires may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carbon pap the registrar prior ta burial, cremotian, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

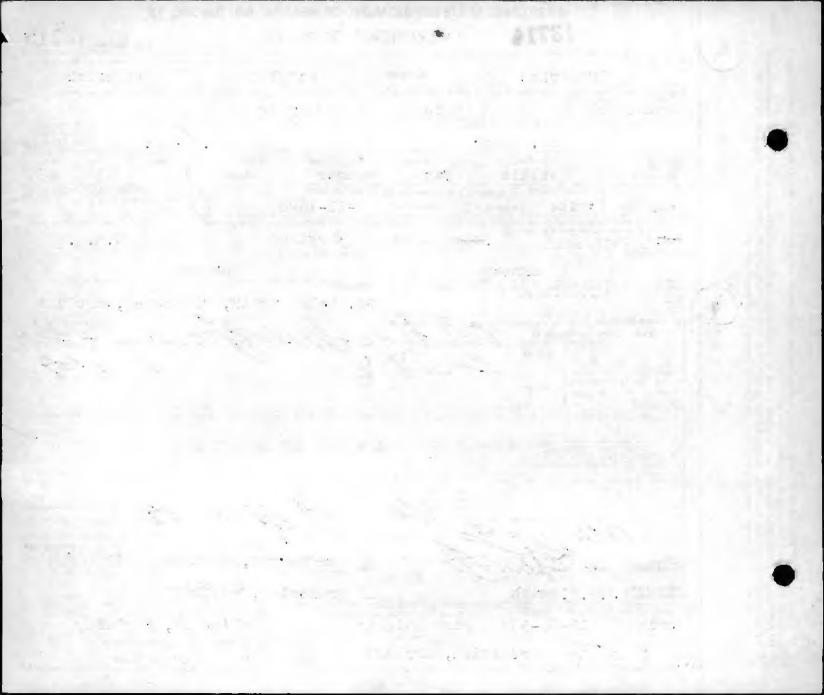
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13714

CERTIFICATE OF DEATH

3715 Reg. Dist. No. 1

| 1. PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 35 Brunswick | | | | | | | | | | |
|--|---|---|----------------------|-------|--|---------------------------|--|---------------|--------------------|---------|-----------------------------|--|
| b. CITY OR TOWN (If o RURAL ond give neon Brunswic | 35 | | | | | | | | | | | |
| d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 5 th. Avenue | | | | | d. STREET ADDRESS 6 5th.Avenue o. 1s RESIDEN | | | | | | | |
| 3. NAME OF DECEASED (Type or print) | Nell1 | .e | Middle May | We | nner nner | 4. DATE OF DEATH | 12 | | 23 | , | Year 1959 | |
| | COLOR OR RACE 7 | MARRIED [| NEVER MARRIED TO | - 1 | TE OF BIRTH -11-1890 |) | 9. AGE (In years lost birthdoy) 9 yrs. | Months Months | 1 YEAR Doys | Hours | ER 24 HRS. Min. | |
| | (Give kind of work dor life, even if retired) | | of Business or Ini | | Marylan | ıd | ountry) | | J.S | | COUNTRY? | |
| 13. FATHER'S NAME | Unkn | own | | 14 | . MOTHER'S MAIDEN | | nknown | | | | | |
| 15. WAS DECEASED EVER II | N U. S. ARMED FORCE res, give wor or dates of servi- | | | | .Thelma | Smith | , Bruns | | Maı | ryls | and | |
| Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost. Part II. OTHER 20a. ACCIDENT WAS | DUE TO SIGNIFICANT CONDIT UNDERLYING 20 CAUSE OF DEATH | | RIBUTING TO DEATH E | | ., | | | VEN IN PAR | 6 | PERFO | AUTOPSY DRMED? | |
| W (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that | Month, Doy, Year | While at work | Not while of work | | OF INJURY (Home, for street, office bldg., | | 2 12 | 9 | County) ast sav | v the c | (Stote) | |
| olive on ACTUAL SIGNATURE PHYSICIAN'S T | | | _, and that dec | M.D. | | ADDRESS (S | treet, city or town, aryland | | e date 12/2 | | d obove. TE SIGNED 59 | |
| NAME (Type) U . | G.F.Smith | | NAME OF CEMETERY | OR CR | Brunswi | | ryland | or county) | | (Sto | ote) | |
| Bring Val (Specify) | 12-26-59 | | Park Heig | | | Bru | nswick, | Mary. | | d | | |
| 3. Kel Fel | | nswi | ADDRESS k, Maryla | nd | | EC'D BY REGIST 2 9 '59 | TRAR 246. REGI | STRAR'S SI | | KE. | | |



| 1 | | | | | | | | | | |
|---|------------------------|-------------|---|---|------------------------|-----------------------------------|--------------------------|--|--|--|
| PLACE OF DEATH | Frederick | 2 | MARYLAND | 2. USUAL RESIDENCE | | b. COUNTY | Fred | before odmission) | | |
| and aive pented from | rkittsvil | | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) KBurkittsville | | | | | | |
| | | | spitol, give street oddress) and Jefferso | d. STREET ADDRESS | | | | o, IS RESIDENCE ON A FARM29/ YES NO. | | |
| 3. NAME OF DECEASED (Type or print) | Fin Jose | | Middle Richard | Wood | 4. DATE OF DEATH | 12 Month | 30 | 19 ⁵ 9 | | |
| s. sex Male | 6. COLOR OR RACE White | 7. MARRI | | 2-13-1915 | 1 1 | GE (in years birthday) yrs. | IF UNDER TYPE Months Day | | | |
| Oc. USUAL OCCUPATION of Working most of working Taborer 13. FATHER'S NAME | | dane 10b. | Farm ete. | Marylar 14. Mother's Maiden | nd | 7) | U . S | OF WHAT COUNTRY | | |
| | George | W.Wo | od | | Elsi | R.De | cker | | | |
| IS. WAS DECEASED EN | VER IN U. S. ARMED FC | RCES? 16. | | IFORMANT | | Address | | | | |
| World Wa | 0.00 | | M | orris R.Wo | ood, Fr | ederic | k, Mar | yland | | |
| PART I. DEA 9.76 × Conditions, if a gove rise to imme [a], stating the cause lost. | DUE TO |) | shot Wound o | f left sig | le of f | skul | | Minutes | | |
| STI CATION | HER SIGNIFICANT CON | IDITIONS C | ONTRIBUTING TO DEATH BUT N | | | | EN IN PART 1(| 19. WAS AUTOPSY PERFORMED? YES NO | | |
| 20a. EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH | ONTRIBUTING 2 | Ob. DESCRIE | E HOW INJURY OCCURRED. (E | nler nature of Injury in Pr | art for Port If of i | tem 16.) | | | | |
| 20c. TIME OF INJU | | White | | TE OF INJURY (Home, for ary, street, office bldg., et | rm, 20f. (City or | fown) | (Caunty |) (State) | | |
| | | | remoins described obo | ve, held an Autop cide 🔀 , Homicia | | ection 2, etermined c | | H, and find that | | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) | BOOTA | 128 | nas | _M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICA | CAL EXAMINER |] | 12/ | 30/1959 | | |
| 220. BURIAL, CREMATION SEMOVAL (Specify | ON. 226. DATE THERE | | 22c NAME OF CEMETERY OR Mt. Taber | | Rock | ey Rid | | (State) Md. | | |
| 23 FUNERAL DIRECTO | R'S SIGNATURE | runs | ADDRESS wick, Marylan | | C'D BY REGISTRAR | | TRAR'S SIGNA | ATURE | | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the office the office and the writing the ward "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral different. Page 4 should be farworded the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your fill to the farworded to the Medical Examiner's Office along with farm PM3. Page 5 may be retained far your fill to the farworded to the farword of the or remayal. Vs. AISME(S) SM 9/55

MY ASID TO STADRITHED EMERINANCE FACILITY CATE-OF DEATH The state of the s A CONTROL OF THE PARTY OF THE P